

Giving Voice to Lifelong Learning
in Professional Nursing Practice

Susan M. Bell, R.N. B.Sc.N.

Department of Graduate and Undergraduate
Studies in Education

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Faculty of Education, Brock University
St. Catharines, Ontario

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Abstract

The purpose of this phenomenological study was to uncover the meaning of lifelong learning to nurses in an Academic Health Care setting. Six female pediatric nurses were interviewed and audiotaped in response to 2 main questions of interpretation and engagement in lifelong learning with respect to their nursing practice. Four additional probing questions elicited responses of further qualities and characteristics of the meaning of lifelong learning. The emergent themes uncovered the characteristics and nature of the journey of lifelong learning. The themes evolved into parallel characteristics developing into the concepts of personal empowerment and occupational authorship. The personal empowerment concept involved processes whereby the participants overcame or removed barriers to engage in personal lifelong learning. Participants utilized personal power and internal motivators to sustain their engagement in lifelong learning. The occupational authorship concept involved participants controlling their exploration into lifelong learning through collaboration and recognition of occupational demands to be met as a professional. The remaining themes revealed a seasoning journey. This journey entailed a process of mastery through the themes of engagement discord, discovery pilgrimage, transforming, and maturation. The engagement in this journey resulted in their lifelong learning to becoming more intuitive and a part of their being. The overall theme uncovered from the journeys was one of a vocation described as a call to thinking critically of nursing practice. The participants responded to lifelong learning as a call to be a good nurse by using critical thinking through reflection, transformative and constructionist learning processes. This study

gave voice to the meaning of lifelong learning in their nursing practice as interpreted by the nurse participants.

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CHAPTER ONE

Introduction

There is a paucity of research which explores the meaning of the term “lifelong learning”, and yet it is a commonly used term and an expectation that is written in documents such as hospital nursing mission statements, professional association literature and educational programs. There is an assumption that nurses understand and live the term. The interpretation and engagement in lifelong learning has not been uncovered. This phenomenological study explored the meaning of lifelong learning as perceived by 6 pediatric nurses employed in an academic health science centre.

The study included 6 nurses who volunteered to speak of their experience of lifelong learning in their professional practice. The data were collected by unstructured tape-recorded interviews. Interviews were transcribed and analyzed into codes, themes, and concepts and given back to the participants for verification and authenticity.

The meaning of the experience of lifelong learning for the 6 participants was a call to critical thinking in their professional nursing practice. The experience also emerged as two descriptive journeys from the data themes. One journey revealed dualistic themes of personal empowerment and occupational authorship, which were supported by constructionist and transformative epistemology. Emanating from the other journey was a journey of maturation.

The aim of the researcher was to stimulate thinking beyond the “taken for granted” attitude towards the term lifelong learning and to enhance understanding of what life long learning is like for nurses in a deeper, more meaningful way. Based on the

findings of this study, the implications for nursing practice, education, and research were identified in order to impact the world of nursing.

Background of the Problem

There have been multiple historical impacts on the education and learning of nurses. Nursing has experienced social and historical influences that have oppressively constrained its practice as a profession. The domination by the medical profession and an illness-oriented health care system influenced the education of nurses. Historically, the educational preparation of nurses took place in hospitals, which were strongly influenced by medicine and were outside formal educational facilities. The apprenticeship approach to the education of nurses was controlled by physicians and hospital administration, “who knew what was best for nursing”, and set the stage for physician dominance and nurse deference in practice. In the 1960s and 1970s, financial support through generous transfer payments to the provinces saw the growth of basic, graduate, and continuing nursing education programs in colleges and universities (Grove, 1991). However, the medical model continued to influence what and how nursing students learned. This “technocratic model” emphasized the diagnosis, discovering the cause and treatment of disease which Figlio (1977) stated resulted in the “medicalization of life” (p. 248). Nurses were not presumed to have a knowledge of their own and were given little opportunity or recognition for their capacity to utilize their intellectual and moral knowledge (Sohier, 1992).

Most nurses active in clinical practice today received their basic nursing education through a diploma program. The intent of these programs was to prepare the

beginning practitioner of nursing who would then be oriented to the workplace by the employer or other nurses in the clinical area. Undergraduate nursing programs, on the other hand, prepared nurses in basic educational theory and skills for use in direct clinical practice, and provided an understanding of the goals of nursing research and the ability to read, critique, and apply research to their own clinical practice. This two-level entry into nursing education, the diploma and degree route, for initial qualification remains an issue of concern if the attainment of an education is to reflect the complex nature of nursing and its involvement in the health care system (Growe, 1991). The expansion of knowledge into the education levels of master and doctorate degrees is limited by the number of programs, number of applicants universities can accept, funding, and access by potential students. This has the effect of constraining the expansion of nursing knowledge.

The professional development of nurses has historically been based on the needs of the employers. Orientation programs and skills teaching addressed job requirements, while other programs were developed in response to organizational, legislative, or crisis management. The education of staff nurses was provided by clinically experienced nurses who were appointed Clinical Instructors to orient new staff nurses, teach new techniques based on changing technology and legislative requirements, and communicate hospital policy changes. Experienced staff nurses acted in the role of preceptor to orient new staff to the specific unit. This clinical instruction and supervision was based upon the preceptor's knowledge, skills, judgement, and attitude. It was also based upon the preceptor's beliefs, values, and behaviours regarding professional practice, competence and nursing knowledge. However, the education provided by the preceptor has likely

been centered on skill acquisition and competency. The tendency in traditional education has been to value technical proficiency over interpersonal skills and has resulted in a focus on doing rather than knowing (Clare, 1993). The facilitation of nurses' ongoing knowledge development has been restricted by a system that focused on skills, technology, and disease, while retaining an approach to learning in the clinical setting that maintains the status quo. The task orientation of such a system leaves little room in a nurse's daily practice for professional development activities such as research and leadership.

Under the auspices of health care reform, the professional practice of nursing is being profoundly influenced. Government debts and deficits and increased health care costs have resulted in a government and hospital administrator response of downsizing, restructuring, redesigning, and reducing the number of nurses within hospital institutions. Current issues of severe understaffing, occupational hazards such as exposure to infectious disease, increased patient acuity, growing nursing shortage, and low morale plague the profession. The rationalization of services and resources pressures nurses to do more with less, such as assuming added responsibilities and limiting supplies to patients. Nurses also have to prove their value and worth in the challenge of alternative, registered, unregulated, or multiskilled workers.

A societal demand for accountability, both legally and ethically, in the provision of quality and excellence in practice has been an additional impetus for a response from nursing professional regulatory bodies. Challenges to the delivery of health care have come from consumers, government legislation, technological advances, and within the nursing profession. The 1994 Regulated Health Professional Act (RHPA) fostered a

more multidisciplinary health system which allows the public greater freedom of choice along with creating structures that give nursing, as a profession, more accountability, autonomy, and responsibility for professional competence (The College of Nurses RHPA, April 1994). The Nursing regulatory body, The College of Nurses of Ontario (CNO), has responded by revising its professional standards. Within these revised standards, all nurses are required to self-identify and meet their learning needs for professional practice; to contribute to the generation of new professional knowledge; to assist others to acquire new knowledge; to share knowledge, to use current literature and research to support and direct practice; to invest time, effort and other resources to improve knowledge, skills and judgement; and to use reflective thought (College of Nurses of Ontario, 1997). The Canadian Nurses Association also mandated that “nurses act in a manner consistent with their professional responsibilities and standards of practice” (Canadian Nurses Association, 1997, p. 19). With regard to this statement, nurses are also required to “base their practice on relevant knowledge, and acquire new skills and knowledge in their area of practice on a continuing basis, as necessary for the provision of safe, competent and ethical nursing care” (Canadian Nurses Association, 1997, p. 19). This emphasis is on learning to increase one’s nursing knowledge in order to remain current and competent. The expectations from the professional governing body and from health care institutions have also broadened to include the integration of research and education into clinical practice as integral to assuring continuing quality services. Technological, economic, societal, legal, and ethical changes have and continue to influence the professional practice of nursing. Given these changes and historical influences, an exploration into how nurses perceive and live this paradigm shift from a

traditional view of skill-based professionalism toward professional praxis could contribute to a greater understanding of the impact and potential trends in nursing. The emphasis from regulatory bodies and educational institutions on continuing education to increase the professionalization of nursing, increases the importance of investigation into what lifelong learning means to nurses in their practice.

Purpose of the Study

The purpose of the study is to understand the meaning of the experience of lifelong learning as perceived by some nurses at a pediatric academic health science centre. Investigating the nurses' experiences in practice may bring to light the value of learning in their careers, perceived supports and barriers, and provide a chance to articulate how they themselves learn personally within the context of their professional practice.

The continuous acquisition of knowledge and skills that enables nurses to function as professionals during their career span has not been thoroughly explored. This research will aid in illuminating and articulating the meaning of lifelong learning for the participants. This method of study explores the meaning that may have been taken for granted, invisible and marginalized. The significance of understanding the meaning of the nurses' experience of incorporating lifelong learning into their practice has possibilities for reframing the structure, process, and outcomes of basic and continuing education of nurses.

Researcher Assumptions

Phenomenology offers a means by which the “life-world or human phenomena” can be understood (Ray, 1994). It is Ray’s belief that one must know and understand oneself before entering the “life-world” of another. Therefore, the identification of beliefs and assumptions will aid in situating the researcher through decentering, and allows engagement in an authentic encounter with the participants (Ray, 1994). The assumptions will also aid in the identification of their significance in data analysis. The following are this researcher’s assumptions.

1. Nurses have been characterized as an oppressed group (Roberts, 1983) and as such, have seen themselves as subordinate to the dominant group of medicine.
2. The speed of change and knowledge growth in nursing practice is rapid and creates an abundance of information available to nurses.
3. The practice areas for nurses within this context contain an increase in patient acuity, technology, systems, and processes reflecting the current complexity of rendering care and may affect how nurses learn in practice.
4. Current legislated and mandated standards of practice, employer strategic directions and missions are influencing the practice and learning of nurses in their practice.
5. There is reflected in the nursing literature a shifting paradigm toward an emancipated, collaborative, and professional practice, however; practice environments and the practice of nurses are only beginning to make this shift.
6. The term “lifelong learning” is a relatively new requirement for the professional practice of nursing.

7. Nurses have taken little time to personally critically reflect and articulate the experience of lifelong learning within the context of their practice.

8. There will be common elements that compose the beliefs, systems, and strategies of lifelong learning to nurses and their practice.

Questions to be Answered

Using a qualitative methodology, the questions are directed toward discovering or uncovering new insights, meanings and understandings “by looking at the whole within the social, the experiential, the linguistic, and cultural contexts” (Munhall, 1994, p. 34) provided by the participants. For this study, the following questions were used:

1. What does the term lifelong learning mean to the 6 pediatric nurses studied?

2. What is it like to be engaged in lifelong learning within nursing practice?

Additional probing questions attempted to discover the meanings, patterns, facilitators, and inhibitors of lifelong learning.

3. What are the meanings of lifelong learning that nurses ascribe to themselves and their nursing professional practice?

4. What patterns of lifelong learning characterize the participants’ nursing practice?

5. What facilitates or hinders the engagement of the participants with lifelong learning in their professional practice?

6. What are the perceptions of the participants regarding their engagement with lifelong learning?

The selected questions were designed to prompt nurses to try to describe their experience of lifelong learning in practice.

Rationale

The research questions (Appendix A) were formulated to obtain the participants' experience and to provide insights concerning the experience of lifelong learning of nurses and their practice. The interview questions were constructed to be sufficiently broad and open so that they could be altered, shaped, and re-examined by the dialogue with the actual text (Benner, 1984). Verbal reflections of the informants' statements encouraged clarification of the questions and in-depth descriptions. The researcher sought to hear and understand the voice of the participants as they are viewed as self-interpreting persons and a reliable source of information (van Manen, 1990).

As the researcher is in a role of advancing nursing practice and education, I felt the need to understand the term for purposes of what it means to undertake lifelong learning in the nursing profession. In order to advocate for the education of nurses, I felt I needed to understand what I should or could advocate for. The questions arising were, what is required in the lifelong learning of nurses versus what is reasonable to expect from nurses. What needs do they have? What barriers do they experience? What is the value of formal learning and informal learning in practice to nurses? What is this engagement like for them? This study is intended to explicate the meaning of lifelong learning of nurses in their practice and day-to-day lives so that we may better understand and influence the engagement.

Importance of Study

The researcher was unable to find an interpretation in the literature of lifelong learning for the practice of nursing. The reference literature uses the terms “continuing education” and “continuing professional education” with no agreed upon definition other than it is a necessary component of professional competence (Warmuth, 1987). Professional nursing associations are advocating for and mandating continuing professional education programs as an effective and efficient way of ensuring that nurses in practice are current (Warmuth, 1987). The term lifelong learning is used in mission statements of associations and organizations. But what does it mean to nurses?

Scope and Delimitations of the Study

The phenomenological method is “to disclose the essential meaning of human experience” (Ray, 1994, p. 122). This method was chosen as it aligned with the purpose of the study and philosophical views of nursing, education, and the researcher. The purpose of this research is to discover the meaning of lifelong learning as interpreted by the participants. This research is to illuminate the everyday mode of being human and the phenomenon under study. It is not to define or create a definition of lifelong learning. The philosophy fits well with the nature of inquiry for education and nursing.

This study is in partial fulfilment of a Master of Education degree and therefore the scope and time are limited. My inexperience in conducting formal research poses certain limitations; however, I am committed to represent the data in authentic form that discloses the meaning as validated by the participants.

I recognize I will also become involved in the world of the participants and as such, I employed empathetic and intuitive awareness to understand the participants' orientation in the world and the expression of that perspective (Benner, 1994). I also acknowledge my biases and underlying assumptions regarding education and nursing practice in the setting. Many of these beliefs have been articulated in essays prepared by me on the topics of nursing as a professional practice, gender implications in nursing practice, and preceptorship which explicate the researchers perspective. These essays, which outline my personal beliefs and assumptions, will aid in the description and decision trail of the rigorous process of data analysis and synthesis (Guba & Lincoln, 1981).

Outline of the Remainder of the Document

Chapter Two reviews the literature related to the term lifelong learning. The review of the literature reveals the absence of research into lifelong learning. The review addresses the concepts of lifelong learning, professional practice, and meaning making which compose the research question. The conceptual review also establishes justification for the research methodology described in Chapter Three. The research design, participants, setting, and data collection process are described to provide context for the qualitative methodology of phenomenology. The ethical considerations, limitations, and data analysis provide the parameters in which the study was conducted. The findings and discussion of the findings are detailed in Chapter Four. Chapter five provides a summary, research conclusions, and implications for practice, education, and further research.

CHAPTER TWO: A REVIEW OF THE LITERATURE

Introduction

A review of nursing and medical literature found relatively few articles and little research pertaining to the phenomenon of lifelong learning. This study focuses on the meaning of the engagement of lifelong learning in nurses' professional practice and as such, the literature review pertains to the three aspects of the research, namely life long learning and related terms, nursing professional practice, and meaning making. These aspects of the study are reviewed for definition, research or evidence-based findings, and implications for this research. The literature review will substantiate both the necessity for this research and the methodology.

Lifelong learning has become a term that is loosely defined, readily used, and not well understood. Lifelong learning and lifelong education are the two main terms that are often used interchangeably in discourses surrounding learning and education.

Lifelong Education

Lifelong education is the term used to describe "any planned series of incidents at any time in the lifespan, having humanistic basis, directed towards the participant's learning and understanding" (Jarvis, 1987, p. 50). The term has also been coined to address "a process of accomplishing personal, social, and professional development throughout the lifespan of individuals in order to enhance the quality of life of both individuals and collectives" (Dave, 1976, cited in Jarvis, 1987, p. 50). Lifelong education refers to "educational influences on the person over the entire lifespan-during childhood and youth, as well as the adult years-and adult education refers to the later"

(Selman, Cooke, & Dampier, 1998, p. 21). Although both definitions emphasize the notion of the “lifespan”, there is difficulty differentiating education from learning.

Pucheu (1974) described lifelong education as an “elastic concept which means whatever the person using the term wants it to mean” (p. 375).

Recently life long education has evolved to describe the more formal approaches to learning, including schools, colleges, and universities (Maslin-Prothero, 1997). This limited view creates the perspective of education with an emphasis of finishing learning. The individual finishes high school, finishes their degree program, and thus the education is said to end. More recently, a broader view has developed that formal institutions constitute only part of the individual’s educational environment. Other resources responsible for the education of the individuals include the workplace, home, recreational activities, and other aspects of life. This is of particular interest because of the value attached to participating in any educational activities encompassed by these settings. It is believed that in order to have a learning society, where citizens will have a greater understanding and tolerance for each other, participation in education, whether formal or informal, is necessary and admirable. Ultimately, there must be an awareness that lifelong education differs from adult education. Adult education focuses on educational influences in the adult years, whereas lifelong education refers to the educational influences from childhood and adolescence into adult years (Selman et al, 1998).

Continuing Education

A similar term to lifelong education in the professional literature is continuing education. Again, there is no agreed upon definition of continuing professional education

in the literature reviewed. Continuing education is described as a means of ensuring currency regarding theoretical developments or maintaining clinical competence (Keogh, 1997). Continuing education has received a great deal more attention in both professional and educational literature. Continuing education is defined as programs aimed at changing and improving practice through the acquisition of knowledge and skills. Continuing education for nursing is described by the American Nurses' Association (ANA, 1984) as "a planned nursing education program, designed to promote the development of knowledge, skills and attitude for the enhancement of nursing practice, thus improving healthcare to the public" (cited in Barriball, While, & Norman, 1992, p. 1131). The education of nurses has emphasized the behavioural approach which has contributed to the content and teaching of skills to students (Reilly & Oermann, 1990, 1992). Subsequent to these articles, emphasis has been placed on the impact and issues of continuing education (Kiener & Hentschel, 1992; Nugent, 1990; Oliver, 1984; Warmuth, 1987; Yuen, 1991). These articles and research papers focused on nurses attending workshops (Kiener & Hentschel, 1992; Oliver, 1984), courses (Barriball, While & Norman, 1992; Mackereth, 1989) mandated programs (Carpenito, 1991; Hutton, 1987) and the evaluation process (Nugent, 1990; Warmuth, 1987). Current research literature in higher education offers alternatives of critical (Apple, 1986; Friere, 1970; Giroux, 1988, 1992; Sears & Marshall, 1990; Shor, 1986, 1987; Simon, 1992), feminist (Apple, 1986; Apple & Christian-Smith, 1991; Bunch & Pollack, 1983; Weiler, 1988), phenomenological pedagogy (Berman, Hultgren, Lee, Rivkin, & Roderick, 1991; Bullough, Knowles & Crow, 1991; Goodson, 1992; Schubert & Ayers, 1992; Van Manen, 1990, 1991; Witherell & Noddings, 1991), and postmodern pedagogy (Aronowitz &

Giroux, 1991; Stanley, 1992). A small but influential number of nursing leaders such as Chinn (1989), Diekelmann (1988, 1989, 1991), Rentschler and Spegman (1996) and Tanner (1990) have called for an educational reform and to reconsider how “successful learning” (Diekelmann, 1993, p. 246) occurs for nurses. This refocusing on learning, as opposed to educational courses supplied to the practitioner, supports viewing learners as self-organizing agents (Nixon, Martin, McKeown & Ranson, 1997).

Lifelong Learning

In life long learning, there is a shift away from the focus on providing planned activities commonly referred to as education. Rather, the emphasis is on learning, or the individual's own activities which are driven by choice (Boshier, 1998). Lifelong learning is regarded as the learning which continues throughout the lifespan (Selman, et al, 1998) described in the literature as from “cradle to grave” (p. 52). This concept endorses the notion that learning begins at conception and continues throughout one's life. Lifelong learning incorporates all learning experiences encountered in one's lifetime, whether through formal or informal learning. In this sense, lifelong learning is associated with activities of everyday living or incidental learning. Activities such as joining church groups, taking adult night courses, or acquiring information via the media or publications are often viewed as learning activities (DeSilets, 1982). This perhaps best reflects the definition that lifelong learning is “a process of learning that continues throughout one's lifetime, depending on individual needs, interests and learning skills” (Hiemstra, 1976, p. 13).

Although lifelong learning may be associated with learning for any purpose, there has been a dominant philosophical thrust which associates it with liberal-democratic values, “education for liberation and self-fulfilment” (Knapper & Cropley, 1989, p. 19). It is also proposed that lifelong learning refers to activities that are conscious, deliberate, and intentional, with a definite and specific goal (Maslin-Prothero, 1997). It is perhaps from this definition that lifelong learning challenges the assumption that all knowledge and skills required for a fulfilling and productive life are attained in the school years (O’Connor, 1986). In order for individuals to be adaptable and able to master new roles and technology, continued lifelong learning must be valued and supported. Jarvis (1984) stated that “continued learning assumes that the professional will endeavor to keep abreast of all the new developments through self-direction, by reading and attending conferences” (p. 14).

Keeping current with the changes in and around the profession has created implications in the current view of learning. The rapid knowledge and technological development changes learning from an option to a necessity. The “half life” of knowledge means students and new nursing graduates should view learning as a lifelong commitment. Learning is no longer piecemeal, successful upon completion of a program, and is important for the whole person. Learning becomes a lifetime quest to understand personal identity, purpose, and meaning while conforming and adapting to the perceived and real confines of a paradoxical society (Jarvis, 1992 p. 272).

Our understanding of lifelong learning appears to be elastic; therefore it is necessary to elicit, from those who see themselves as engaging in lifelong learning, their experiences so that we may come to understand how it is lived. The term is used orally

and in writing as a catchall phrase for the expected learning the individual does in practice and the profession. There is an expectation for the nursing professional to engage in lifelong learning; however, the experience has not yet been investigated. This ambiguity may result in some nurses not seeing the relevance or value in the term when used, and or to engage in the phenomenon despite professional and institutional expectations.

Professional Practice

The traditional model of professionalism required that a discipline possess its own specialized body of knowledge and skills, which are commonly acquired in universities and which are reflected in the profession's practice. The profession accepts ongoing intellectual commitment to improving and updating one's knowledge and skills. Further, the profession has autonomy in making decisions involving the client's needs and services. There is establishment of a shared set of values regarding the work with colleagues and clients. The profession is responsible for control of the level of entry and qualifications and setting standards and quality of work (Flexner, 1910; Gallant, Howe, & Wheaton, 1994).

In assigning a profession control over its practices, there are societal expectations that the profession will provide continuing assurances and evidence of ethical behaviour and competence. The responsibility for professional competence remains with the individual practitioner. Professionals are expected to police themselves through their professional organizations and governing bodies. The public has raised the granting of privileges to practice based on a test of knowledge as an issue. Professions as the

guardians of knowledge, and the means to access it, has little to do with altruism and everything to do with power and control (Jackson, 1970). The present professionalism involves continuous learning and focuses on the quality of practice. This requires development of a system that responds to both present and future learning needs and maintains and improves knowledge and professional competence.

Nurses undergo basic training or education that takes 3 to 4 years and equips them with basic competency and prepares them for a 30-to 40-year career. However, it is during this career that most of the learning (nursing practice) takes place. Many nurses may make their annual payment fee to maintain registration, yet may not have engaged in formal learning experiences. Instead, they view learning as attaining information to carry out their tasks.

Transformative Learning

Nursing education has been delivered in a formal, structured approach whereby nurses learned to memorize and regurgitate facts and complete objective tests. This behavioural education approach has been teacher focused and curriculum driven. The significant growth in health care knowledge along with a rapidly changing world requires a shift from a traditional education model to an emancipatory model based on education as praxis, not merely a fact loading process. Mezirow developed a transformative learning theory described by Grabove (1997) as “a learning process that is primarily rational, analytical, and cognitive with an inherent logic” (pp. 90-91). The theory views learning as process based rather than product based. The theory provides a “description of how learners construe, validate, and reformulate the meaning of their experience”

(Cranton, 1994, p.22). This involves “a process of examining, questioning, validating and revising perceptions” (Cranton, 1994, p.26) in an effort to fulfill the intrinsic need for the learner to make sense of the world around them. The theory assists in our understanding of how meaning structures can be changed in order to guide future actions. Perspective transformation involves how our expectations are framed in cultural assumptions and presuppositions which influence the meaning structure from the experience. Meaning structures are made up of schemes and perspectives. Schemes are “specific knowledge, beliefs, value judgments and feelings that constitute interpretations of experience” (Mezirow, 1991, p. 5-6). To change meaning schemes, learners must engage in critical reflection of their experience which will lead to a perspective transformation. Meaning perspectives are acquired in childhood through socialization and acculturation. The meaning perspective acts like a sieve through which new experiences are assimilated, reinforced or stretched. The meaning perspective provides the learner with the criteria for “judging or evaluating right or wrong, bad and good, beautiful and ugly, true and false, appropriate and inappropriate” (Mezirow, 1991, p.44). The perspectives become ingrained in our psyche to explain the happenings in our daily lives and reflect our cultural and psychological assumptions, however the assumptions can constrain the world view or skew our reality.

The three common themes in Mezirow’s theory are centrality of experience, critical reflection and rational discourse (Taylor, 1998). The learner’s experience is the starting point and the subject matter for transformative learning and is considered the centrality of experience (Mezirow, 1995). Critical reflection involves identifying and questioning the integrity of the learner’s assumptions and reframing through the

examination of the validity of prior learning and interpreting the meaning of a new experience (Cranton, 1994, p.27). The theme of rationale discourse comprises questioning the comprehensiveness, truth, appropriateness or authenticity of what is presented to the learner. The result for the learner is a more inclusive and discriminative world view. The process helps the learner to become a more autonomous thinker as the learner needs to renegotiate their previous values, meanings and purpose and consciously implement new ways of defining their worlds (Mezirow, 1997).

Mezirow (1991) described the changes in the learners as becoming more imaginative, intuitive, and critically reflective of assumptions; becoming more rational through effective participation in critical discourse, and acquiring meaning perspectives that are more inclusive, integrative, discriminating and open to alternate points of view” (p.224). Thus the learner develops internal processes of questioning, reflecting and critical thinking which can lead to a deeper understanding.

Learners are not just interacting with their environments but are instrumental in the creation of their reality. This constructivist approach of reflecting on our experiences to construct an understanding of the world we live in is essential in nursing, as nursing is grounded in human relations and encounter a multitude of interactive experiences. Now more than ever, nurses need processes that enable them to think, act and care despite the challenges and pressures of the complex and changing external health care environment. Nurses currently need to demonstrate their competence through integration of new learnings and new world views into their professional practice.

Meaning Making

In order to understand and explore lifelong learning to nurses in their professional practice, this exploration involves meaning making. Human beings are active interpreters who actively contribute to the construction of their reality. The past experiences can provide guidance in making sense of the present experience. Parse (1987) posits “constructing reality is giving meaning to unique experience. The unique experience is the individual’s perspective incarnated through the personal language of imaging and valuing” (p. 42). The individual constructs a sense of what is, what actually exists, and what is important. The meaning may have relevance, emotion and context or pattern making for the individual. Carlsen (1988) stated that meaning making is the “forming and reforming of intention and significance; of what one has in mind and how one has in mind; and of the succession of synergies or gestalten of personal knowledge and meaning” (p.23). Context, expectations, and current purposes may shape interpretation; therefore, gathering information demands open-ended, broad statements and questions that are designed to obtain the experience. Thus, the phenomenology is an apt research methodology.

Summary

A review of the research literature did not uncover the broader understanding of lifelong learning in the practice world of nurses. The literature revealed an indeterminate understanding of lifelong learning and the usage of several related terms in relation to professionals and nursing. The professional practice of nurses has and continues to evolve as knowledge continues to be generated. This evolving practice and knowledge

generation in nursing creates a medium for the exploration of meaning in the form of meaning making. This research into the participants' experience of lifelong learning creates an inquiry through allowing participants to express their perspective and bring into view their interpretation of the phenomenon. In phenomenological research there is an intent to bracket explanations about the phenomenon until the data are in, as the aim is to describe the human experience as it is lived by the participants (Merleau-Ponty, 1964; Oiler, 1982). This study intends to lay open the phenomenon of the experience of lifelong learning as revealed by nurses in a clinical academic setting. Chapter Three explains the methodology used to uncover the experience of lifelong learning for the participants.

CHAPTER THREE: METHODOLOGY

Overview

Chapter Two provided a brief literature review, as the review of literature in this method of research is continues as the data come in, thus achieving the researcher's intent to bracket explanations of the phenomenon (Oiler, 1982, p. 180). Chapter Three describes the research design, study participants, setting, data collection techniques and process, ethical considerations, limitations, and data analysis.

Research Design

In an attempt to understand and explicate the meaning of the nurse's experience of lifelong learning, the phenomenological method as a research paradigm was used. Phenomenology provides a method by which to study human experience as it is lived, including a description of the meaning(s) that the experience has for the individuals who participate in it (Omery, 1983). The description of the phenomenon is from an emic perspective, thus enabling the exploration of underlying assumptions and attitudes and the rationale for these. This phenomenological research is aimed to describe the meanings within the context of the nurse's experiences of the phenomenon of lifelong learning in their professional practice. This is the preferred approach, as this study recognizes a multiplicity of perspectives, of which each perspective enriches and complements the others (Haase & Rostad, 1994). This research studies the world as it is experienced rather than as it is conceptualized or theorized (Ray, 1987). The aim is to make explicit the informants' implicit understanding of lifelong learning in their nursing practice. Heideggerian phenomenology (hermeneutics) was used as the philosophical

foundation and methodology for this study (Heidegger, 1927/1962). This approach acknowledges the person as a self within a body, self-interpreting, and the only reliable source of information to answer the question of his or her experience. The researcher will engage in the interpretative process to understand the world of concerns, habits of mind and skills presented in the participants' narratives and situated actions (Benner, 1994, p. xiv).

Participants

The criteria for participant selection in a phenomenological study require the individual to have experience with the topic under investigation and be able to communicate that experience (Knaack, 1984). This purposeful sampling method was used because of the importance of the experience of lifelong learning and to gain an understanding of the context of the setting. The population for this study was Registered Staff Nurses at a pediatric tertiary-quaternary Academic Health Science Centre.

The purpose of qualitative research is to understand phenomena rather than to examine distribution. As phenomenological researchers study very small samples because the research generates so much rich data for analysis (Bogdan & Taylor, 1975), only 6 nurses were chosen. As phenomenology seeks to identify the commonalities of experiences, there was no effort to control for participants' age, education, religion, socioeconomic status, cultural background, or years of experience. However, demographic information was requested to provide context to the participants' response. The stipulation, in keeping with the methodology chosen, was that participants must have engaged in lifelong learning and be willing to share and reflect upon the experience.

The demographic data were compiled and are presented in Table 1. The participants were all female ranging in age from approximately 20 to 50 years, with the average age of 38. Length of their work experience varied widely from 3 to 25 years with an average of 15.3 years. Most of this experience was in an Academic Health Science Centre environment, and generated a similar average of 13.4 years. Their practice background areas encompassed Emergency, Operating Room, General pediatrics, Neuro-Endocrine, Research, Quality Assurance, Psychiatry, Critical Care, Hematology-Onocology, Public Health, and Nursing Education.

Each participant had completed her diploma in nursing. All participants had or were engaged in further education. Five participants were engaged in formal education at the time of the study. Four participants were functioning primarily in the role of providing patient care. Two participants were engaged in research, one participant conducted research for the setting, and the other participant, in the role of administration and education, was completing her research for her doctorate. The following table provides additional details regarding the participants (Table 1).

Table 1

Research Demographic Data

<u>Participants</u>	<u>Experience</u>	<u>AHSC Years</u>	<u>Practice Areas</u>	<u>Role</u>	<u>Education</u>	<u>Currently Enrolled in Courses</u>	<u>Nursing Courses</u>	<u>Gender</u>
1	15	15	Emergency Hematology-Oncology Operating Room Education	Patient Care	Diploma Bachelor of Arts	Yes	Yes	Female
2	21	20	Critical Care Unit General Pediatrics Psychiatry	Patient Care	Diploma Nurse Practitioner	No	No	Female
3	10	10	Operating Room	Patient Care	Diploma	Yes	Yes	Female
4	3	0.5	Pediatrics Public Health Education	Patient Care	Diploma Bachelor of Science Nursing	Yes	Yes	Female
5	25	18	Neurology Endocrine	Admin. Education Research	Diploma, Masters of Nursing Ph.D. (Cand)	Yes	Yes	Female
6	18	17	Research Quality Assurance General Pediatrics	Research	Diploma	Yes	Yes	Female

Setting

The participants involved in the study were employed in a pediatric academic health science centre in a large city in southern Ontario. The setting under study was chosen because the words “life long learning” have been documented in the Nursing Mission Statements (Nursing Service and Nursing Education Services). These mission statements have been posted within the setting and referred to in verbal and written communication within many nursing forums pertaining to professional practice.

However, it appeared that the meaning of lifelong learning had not been clearly articulated by nurses within the chosen setting. Over the last 2 years, the Nursing Service department has been actively encouraging nurses to describe and adopt professional practice. The institution has also undergone a Strategic Transformation and Re-engineering (STAR) project. This involved a change in the model of care and role redesign. The institution has previously employed a traditional medical model of care, a hierarchical and less participative organizational structure design. The STAR project included changing to a mutual participation model of care, which involves patients and families in a collaborative, streamlined, and responsive organizational structure. The institution also identifies itself as an academic health science centre, and as such recognizes and promotes the role of research and education in practice and the provision of care.

The setting is also my place of employment, which aided in the familiarity with the structures, processes, and language for further exploration and understanding of the participants' perspectives. However, none of the participants are in a line relationship with me.

Access to the setting for this study was granted by the Chief of Nursing, and the research proposal was reviewed and approved by the Nursing Research Committee and Ethics Board at the institution. Approval was also received from Brock Ethics Committee prior to starting the study.

Data Collection

Data Collection Technique – Interview

An advertisement flyer was constructed that outlined the purpose, requirements of participants (lifelong learning experience), and method of the study (Appendix B). The advertisement was presented to the institution's Registered Nurses Council to disseminate and post in various nursing areas.

Participants made contact with me by phone to identify themselves as agreeing to participate in the study and to arrange a suitable time and location for the interview. At the initial contact, discussion included explanations of: the research topic in general terms, the possibility of several interviews and the likely time commitments, and the main components of informed consent (withdrawal, confidentiality, ethical considerations of study impact). Each interview occurred outside normal working hours and at a time that was convenient to the participants. The participants were allowed time to identify the best times and plan for the interviews according to their schedules. The interview took place in a prebooked hospital meeting room, free from distractions and equipped for audiotaping. Only the researcher and the participant were present during each interview. At the time of the meeting, the research was again explained and the participants' written consent to participate in the study and to be audiotaped during the interview was obtained.

The time commitment for each participant ranged from 45 minutes to 1 hour for the first interview and up to one additional hour for member respondent checks of the data. This allowed the nurses time to reflect on the experience and intellectually and psychologically prepare for the interview. The location and time for the interview

depended on the participant's availability and preference. The location selected was a small room with one window into the office hallway with a blind, table and comfortable chairs, and an electrical outlet for the tape recorder. The room was convenient, private, and prebooked prior to the interview. Second interviews were held with 4 of the 6 participants after the initial coding was completed to clarify and verify themes. The two other participants were contacted by phone as one had left the institution and the other was engaged in school full-time.

Data Collection Process

The data were collected through unstructured interviews, which were guided by the open-ended questions (Appendix A) by me and as outlined in Chapter One. All interviews were tape recorded and transcribed verbatim by me in order to capture the details of the participants' responses and maintain confidentiality.

Ethical Considerations

As the interview may stimulate self-reflection, reappraisal or catharsis, and considerable self-disclosure, provision was made for the informant's well being. Provisions were made for "debriefing" the informant, and if necessary, providing additional emotional support (possible focus groups), either by the investigator or by referral to another source of assistance (May, 1989). The sources identified and arranged were through the department of social work and the Employee Assistance Program.

Permission to conduct this study was received from the hospital research committees of Nursing Research and Research Ethics Board.

The researcher adhered to the ethical principles of respect for autonomy, duty of beneficence, and duty of justice. Autonomy was assured through voluntary involvement and withdrawal. Anonymity was assured through the use of numbers instead of names on all transcription of data. Only the researcher had access to the tapes, transcripts, and field notes to assure anonymity. A copy of the written consent was photocopied for each participant.

At the initial meeting with each participant, the researcher reviewed the consent and a written consent (Appendix C) was obtained before the taped interview began. The participants were informed that they could withdraw from the study at any time without consequence. Participants were informed that all information was confidential and would be used only for the purpose of this study. The researcher explained the procedure for storage, transcription, and disposal of data. The researcher also outlined the process of utilization of codes so no participant would be identifiable in the reporting of the findings.

Limitations

A limitation to the study relates to the researcher being a novice in phenomenology research. Utilization of informed and knowledgeable qualitative researchers as consultants ensured the phenomenological research process is followed. It was assumed that participants would disclose openly to the researcher, since the researcher was a colleague and not in a line relationship with any participants. The existence of a perceived threat or benefit from participation is unlikely.

A secondary limitation relates to the common gender of all six participants who were female. However, it should be kept in mind that the vast majority of nurses are female.

Data Analysis

The transcription of interviews and the field notes constituted the text of analysis in this investigation. The goal of descriptive phenomenology is to describe the meaning of an experience from the worldview of those who have had the experience and as a result have attached meaning to it (Cohen & Omery, 1994). The text was analyzed hermeneutically using Heideggarian and Benner's Interpretive phenomenology as a philosophical foundation. Analysis began by listening to the interview tapes several times. Next, the researcher made a verbatim transcript of each recording. The researcher carefully read and listened to the tapes to ensure accuracy and participant tone and intonation. Once the transcripts were complete, they were given back to the participants to delete or enhance the information found in the transcripts. Following a review of each individual's transcript, none of the participants made changes.

The data analysis procedure used involved multiple reviews of the audiotapes and transcripts and extracting substantive words and phrases. This repeated immersion in the data began the process of coding, classifying, and identifying linkages. The researcher then sorted these words and phrases into common themes (Appendix D). Next began the repeated immersion in the data to compare and contrast, imaginatively vary the phenomenon, identify the phenomenon's central characteristics and explain through analogy and metaphor, as outlined by Oiler (1982). This was accomplished through

colour coding the themes and spreading them in a written form before the researcher. The process of varying and identifying characteristics was a reflective endeavour, which took weeks to develop the themes (Appendix E). Metaphors and analogies were written and shared with the two nurse colleagues to assist in identifying the representative meanings for the participants. The developed common themes, classifications, and analogies were presented and explained to the participants. The researcher then took their comments, validations, and further explanations and reread the transcripts a few more times. The researcher then went back to the text and gathered, from each participant's interview, data in response to each question (Appendix G). The participants' answers were reviewed in an attempt to elicit the concerns, values, and beliefs in the examination for meaning. This process assisted the researcher in organizing the themes and developing models and designs. Following this, the researcher then began the integration and synthesis of the analysis into descriptive and interpretive models. This process led to an understanding of the overall interpretive meaning of lifelong learning to the participants (Appendix F). The coding, themes, concepts, and overall interpretive meaning were shared with the participants for validation. All participants were able to identify with the findings, analysis, and the related discussion. The participants gave the "phenomenological nod" as they felt the interpretation and description of the experience was recognizable and an experience they have had (van Manen, 1990, p. 27). All participants were able to identify with the themes and made no changes.

The analysis and findings were also reviewed by the researcher's colleagues for logic and a traceable audit trail of the inductive reasoning process as outlined by Sandelowksi (1986). The three colleagues chosen who acted as reviewers were a Nurse

Educator, an Advanced Practice Nurse (research background), and a teacher from a degree nursing program. They reviewed the themes, concepts, figures, and tables and were also able to identify with the journey processes and the themes and concepts. These colleagues provided further insight for the researcher, however no attempt was made to generalize the findings beyond the participants and their contexts.

Summary

This chapter has described the research design, study participants, setting, data collection techniques and process, ethical considerations, limitations, and data analysis of lifelong learning for 6 participants through the phenomenological methodology.

CHAPTER FOUR: FINDINGS

Introduction

Chapter Three presented a descriptive account and explanation of the methodology associated with the phenomenological approach of this study. In this chapter, the findings from participants' data are put forth in the form of interpretation of their meaning. Different journeys emerged from the findings. One journey had parallel concepts of personal empowerment and occupational authorship as a result of the coding and themes from participant data. Another journey arose from the remaining themes, and these were linked together as a journey of maturation or the metaphor, seasoning. The participants' interpretation culminated in a call to thinking in their nursing practice. In this chapter the findings of the data analysis of the meaning of lifelong learning for nurses are discussed in relation to the literature.

Assumptions and Researcher's Perspective

The identification of assumptions achieved the intent of decentering myself as the researcher, both during the engagement of data collection with the participants and during the initial coding and interpretation of the data. The assumptions identified in Chapter One allowed me to be with the data in a more open and nonbiased manner through being able to bracket or close off my past beliefs of lifelong learning and the professional practice of nurses. The bracketing allowed me to purposefully focus on the participant and listen attentively to the participants' words and their meaning. I reviewed the assumptions following the data coding and felt that the participants had all mentioned to

some degree each of the assumptions. I did not review the assumptions again until the two designs emerged (Appendixes D and E). Upon review, I realized I had written past papers covering some of the concepts, for instance empowerment and professionalism. After a review of these essays and of the assumptions, I have realized how the participants have affirmed some of my assumptions and challenged or disproved others.

Interpretive Findings

“People are very apt to find what they seek.”

Emmet Fox

Emergent Design

The designs that emerged from the participant data can be characterized as having two parts; that of a parallel personal and occupational journey and a lifelong learning “seasoning” journey. The parallel personal and occupational lifelong learning journey emerged from the coding into themes exercise and analyzing the codes into concepts (Appendix D). In review of the concepts, a pattern of parallel themes emerged demonstrating a relationship between the personal and the occupational concepts (Appendix E). The themes without parallels were reviewed and these revealed a common journey of the participants (Appendix F). Finally, an interpretative meaning of lifelong learning for these nurses culminated. The uncovered interpreted meaning for lifelong learning for the participants was the vocation of a personal call to a journey of thinking Nursing. The findings are first presented as substantiated by the participants’ narratives, and second as discussed in the literature.

Personal Lifelong Learning

The themes emerging from the data illustrating personal lifelong learning were: attentive and contemplative reasoning, utilization of formal learning, internal forces affecting learning, personal purpose, fulfilment, fear of succumbing or vulnerability, and an ebb and flow engagement (Appendix E).

Attentive and Contemplative Reasoning All participants spoke of the need to take time to reflect and think through decisions and problems when describing lifelong learning. These descriptions included reflective practice which was self-initiated and self-determined. The participants created time in order to pay attention to or review their participation in their practice to gain new understandings. This habitual practice was seen as important to learn for the self and from the self. A participant describes her personal method and the value of these characteristics:

The other one method of learning is reflecting yourself. If you can take that 5 minutes at the end of the day and I find I do that in hand-over, almost simultaneously it's a time to sit down and condense what I've done for the day in order to pass it on. But as I'm doing it, I try and think of what have I left out or what have I done well, and it's not just in practice but also when it comes down to our communication skills and writing. I don't know if it's something that lasted from nursing school but I'm constantly, for example, I'll read my notes two or three times to make sure

that everything that's essential is there to pass on, because I feel that that's important in the health profession. (P-234)

The same participant put the action of reflection in context of her being:

So when I reflect on the day I think it becomes connected, did I follow the standards or did I go above the standards? I think only if you're mentally aware of it, it's that awareness that you're almost teaching yourself, daily.

So that's certainly one way I do it, is just self-reflection and peers, students, and families. There's a lot you can gain from that. (P-248)

The review of her practice allowed for analysis, thorough scrutiny, and examination of meaning. Other participants also spoke of reflection as creating consciousness and inherent in their being.

Informally I learn from all the work that I do every day. I'm continually looking, evaluating and analyzing and improving on what it is that I do. (P-413)

It's an awareness. For me it comes naturally. (P-2179)

I learn so much from what I do everyday, not realizing it at times, but when I reflect on it I'm sure I learn a lot everyday. (P-572)

The reflective practice was seen as part of their being and considered natural. The participants employed internal thinking, reasoning, decision-making and problem solving to pay attention to the questions of: What did I do? How did I do it? Why did I do it? What would I do differently next time? What could I have done better? This reflective practice constituted new learnings of their behaviours so they may use these past experiences and new knowledge to guide future practice.

Utilization of Formal Learning All participants told of their engagement in formal learning experiences and the transfer of knowledge gained to the practice setting:

I guess a lot of the courses I took directly related to my practice here, and things that I learned in them, I applied to work. That would be things such as ethnic groups and their responses to illness. This would enable me to know, and I knew this from Emerg [Emergency Unit] anyway, the illness treatments that certain ethnic groups apply, like Chinese people rubbing coins [on skin] to get rid of fever. That would be normal to me and I would accept that rather than automatically thinking it was child abuse, which you might if you weren't aware of that kind of thing. Nursing research [course] that I took, it makes me think of nursing practice differently because I think of ideas to try, such as positioning. I think that I necessarily wouldn't have thought that way before. Community and development [courses] have influenced my thinking about patient care after they leave the hospital, like what follow-up is there? (P-128)

All of the participants had returned to school beyond their initial nursing program. The participants valued the learning of theory in their courses, as they were able to internalize this knowledge and apply it to their clinical setting. The engagement in formal learning contributed to "open thinking". This receptivity challenged them to be conscious of varying perspectives and divergent thinking. They were able to transfer this thinking into their practice and make personal changes.

Internal Forces Affecting Learning The participants identified the supports that hindered or facilitated their personal learning. Participants described the social commitments from the personal and family perspective and the impact on their engagement in learning. They mentioned being affected by personal circumstances such as finances, the number and type of options they saw as being available, family, being a mother, and responding to their desire to engage in learning. The participants spoke of the need for personal control over time, which determined the amount of time and energy they were able to commit to formal learning. One participant spoke of how she took personal control to affect her engagement in learning:

In my baccalaureate, I did that part time, and I worked full time and I was the case manager and was able to structure my work related to my class time. The families that I worked with were very happy to see me at 4 o'clock rather than 2 o'clock or 1 o'clock in the afternoon. So it was good for me that I had that kind of position and was able to maneuver my way through that program. In my master's program, I took time off. I took a leave of absence, so I didn't have any blocks or obstacles really. I was single, if I needed to go home, go to bed, I went home and right to bed. If I needed to run twice a day because of stress, then I ran twice a day. I did whatever I needed to do so I didn't have a lot of responsibilities outside of looking after me and getting through my program. I did do some part-time work to support myself when I was doing that, but there wasn't a lot of time to devote to anything but my own life. And then came my doctoral

program. Being married, I have family responsibilities, and I have community responsibilities, and I have a full-time position that is supposed to be 35 hours a week but evolves into usually about 55. So trying to fit in my learning now, the obstacle for me right now, is the pace of where we're going with health care reform. (p-485)

The engagement in formal learning for participants created situations of juggling, decision-making, and priority setting. For one participant, the personal context impacted the engagement in formal learning significantly:

A lot of it has had to do with certain personal issues at home, dependent on how much time, how much money you have, and what positions, jobs and stuff are available, is really going to dictate, lifelong learning as well. (P-640)

One participant felt her age facilitated her learning: "Maturity, I'm older, keener. I appreciate and take advantage [of learning]." (P-656) She recognized the value of learning, for herself, in being able to engage in lifelong learning in a deeper, more connecting manner. Many participants spoke of seeing opportunities and being able to use the knowledge gained through their practice as a catalyst to engage in lifelong learning.

Personal Purpose Each participant provided examples and stories of motivation, making personal choices and having courage in their engagement with lifelong learning. Many of the participants set personal goals. This created an attitude of commitment to

lifelong learning. One of the participants described the commitment from an inner passion:

For me it also became personal challenge. I wanted to see how high a mark I could get. And I wasn't settling for anything less than an A and when the course was finished, I walked out and I did get my A in that course. (P-351)

Another participant described the engagement in lifelong learning as essential: "Personally, I can't imagine myself not being in school, or learning something." (P-519) A different participant referred to the personally directed exploration in her lifelong learning:

I wanted to explore on my own [theories] but the program at college didn't provide that for me, so my next step was to go to university. I learned a ton of theories and a lot of research and participating in research, and I loved it. I learned through engaging what I like, what I hoped to learn, but that couldn't be provided through that facility or program course. (P-545)

Participants were actively seeking and finding an inner self to engage and commit to lifelong learning.

Fulfilment The participants all spoke of the enjoyment of learning, the invigorating feeling and the increased self-worth. The enlightenment associated with lifelong learning was motivating:

Once I got started in it [formal learning] I found that I really enjoyed it. I was looking forward to the next course I could take, and I found these

worlds opened up right before my eyes. All the things there were to learn, and the more you learned, the more you wanted to know. . . . But you had to really think in university, you had to examine all angles of something, and I found that riveting. My thought process deepened immeasurably. I was challenged to think deeply and kind of, not holistically isn't the right word, but to look at things from a global view. I was talking about the right to die and I had to examine "do we have a right to die?" But what is a right and what's a duty and on and on and on. I found it to be the brink of this, this adventure and I still do. I'm sitting at graduation and I watch the people getting their Ph.D.s and I thought I wouldn't mind one of those! (P-186)

Lifelong learning was viewed as purposeful and stimulating:

I think it's a sense of exploration, a sense of investigation, a sense of pursuit, of something that's somewhat intangible initially becomes usually more tangible in my pursuit of it, by reviewing, by reading, by analyzing, by sometimes researching things more clearly. It is an adrenaline surge in some ways for me. (P-421)

The joy participants felt rendered an internal fulfillment as a human being. They gathered and attained new knowledge personally from informally or formally set goals. The act of accomplishing a greater, in-depth knowledge was viewed as an important part of living their life fully.

Fear of Succumbing or Vulnerability Participants expressed fear of falling behind in their knowledge when not engaged in life learning. They acknowledged the broadening and rapid pace of knowledge development and their personal need to keep current.

Well, I stayed at home with my kids. I have actually, over the past 10 years on and off, stayed at home. I find if you're away from the hospital health care nursing setting for more than a couple years, really you lose touch with what's happening. (P-68)

When the participants used language of "left behind" or "fall behind", they verbalized their concern, worry, and fear in the intonations as they spoke in rapid and slightly higher volume. To "fall behind" meant to disengage from lifelong learning. This loss, associated with time, would open them up to being vulnerable in their practice. The inability to continue learning and keep current created a sense of vulnerability or inadequacy.

I think when I first graduated many years ago, I didn't think I would have to take any more courses again. But now I realize you really have to keep up constantly or you lose it. You fall behind. (P-63)

I have an interest in doing something all the time and I start to feel stagnant when I don't. I just feel like I'm getting left behind in some way. (P-1101)

The fear of falling behind and the possible impact on their practice was a motivating factor in the engagement in lifelong learning.

An Ebb and Flow Engagement The participants spoke of the episodic nature of their personal engagement with lifelong learning. Although the engagement, especially with formal learning, was habitual, the participants would engage, then draw back. The withdrawal seemed to fulfil a need to reenergize, then to recommit, especially the engagement in the formal learning, as one participant stated:

Opportunity has been in my lifestyle that I've gone back to school once. I feel the time will come again when I will go back another time, but because I'm so intense in whatever I choose to do, I like to do it fully, so I tend to wait and plan it. (P-262)

For another participant, other factors affected the amount and timing of the engagement in formal learning:

There was a period when I first started in the Operating Room, I didn't want to do anything. It was after working in Emergency and I started here [Operating Room] and I just wanted to get into a safe little hole. I kept going to university but I wanted to be somewhere where I could just do the job. However, in that period I was learning heavily because I just started in a new area. I plugged away with university for 8 years, although I guess I dropped a few courses in there somewhere. But generally I'd go ahead and learn, probably try and do a work related course every 2 years but I will have done three this year. When I first started 2 years ago I did nothing other than coming to work. Then I participated in the Gallie Day [educational symposium], the next year I spoke at it, and then a poster

presentation. I seem to keep signing up to do things. So maybe that's my pattern that I will continually sign up for something. (P-1269)

Another participant let herself be immersed in the learning and allow the learning direction to be responsive to an inner desire:

So for me it's doing my masters starting next year. That's my goal, and then when I get there or in the middle of it, always changing, it's not always something you set your mind to, it might change. You have to work towards it within the nursing field or something that you have a passion for. (P-53)

The "stop and start" experience of engaging in lifelong learning was a reality because of competing interests that require engagement of thinking and learning:

I sort of stopped and started work and I've stopped and started with school as well. I find the older you get, the more adaptable you get [laugh], and have a little more self-confidence in saying, "hey I can do that". And just sort of learn as you go along, or ask people you know. (P-646)

Participants expressed their engagement in lifelong learning as having an ebb and flow pattern. At times participants engaged and disengaged, went with the flow, and changed directions in the flow of learning. These acts were not disturbing, but seemed natural.

Personal Empowerment The overall concept from the personal lifelong learning themes emerged as personal empowerment. Participants engaged in lifelong learning to change their being. The participants found inner strength and abilities to engage both

formally and informally in lifelong learning. The act of acquiring knowledge stimulated a desire to raise their consciousness further and create an inner awareness to the importance and spirit of learning. The critical thinking required on a personal front resulted in acknowledgement of others ways of thinking and being with themselves, their practice and their world.

Occupational Authorship

The themes emerging from occupational life long learning were; professional dialogue, collaborative learning, external forces affecting learning, persistence, gratification, professional necessity, and shifting practice. The participants' experiences associated with their worklife practice created themes related to professional control. Occupational authorship was interpreted by the participants as a process of self determining the exposures and experiences that would affect their work-life learning.

Professional Dialogue Participants talked of the importance of engaging in discussions and inquiry with others about their beliefs and assumptions. The participants believed knowledge (meaning) could be constructed through ongoing conversations between others and themselves. One participant acknowledged her view of learning through dialogue as "what we take for granted is, what we learn and teach others, students, standards of practice." (P-2151) Taking opportunities to discuss areas of interest related to practice within the setting was viewed as important. This action recognized and demonstrated the value of others' knowledge and the importance of sharing knowledge. One participant verbalized this:

You can go over and just initiate discussions with different people in the room . . . and instantly it's done. It takes ten minutes, yet you're in possession of some knowledge that you weren't ten minutes ago. It enables you to change and enhance your practice. (P-1238)

Dialogue among colleagues created opportunities for changing one's perspective, challenging views of others, and increasing the understanding of another's practice.

Collaborative Learning The valued learning of the participants in their occupational forums included the need for collective thinking. The participants stated the value of learning together at their place of employment:

I think we're lucky because we're an academic health science centre, that is we have students, and I think that students are the best critical analysts or critiquers, for a lack of a better word, because they have the foundation of what they are supposed to be looking for, and what they are supposed to be doing. (P-243)

The workplace context of the participants created a climate of learning, especially through the students. Accessing external learning forums also contributed to lifelong learning. The forums are valued for access to current knowledge of peers and experts. One participant credited the opportunity to participate in meetings with colleagues as a method of being engaged in lifelong learning:

I'm very consistent with attending my regular annual workshops because I feel that's an opportunity to network with other nurses. It's an opportunity

to get updated knowledge, especially when they're presenting research studies or findings. (P-254)

To be working and learning with colleagues was viewed by one participant as an expectation of belonging to the group:

I do work at a teaching hospital, and around us and especially working here in the Operating Room, we're surrounded with students, whether they be medical students, or nursing students, or physio [physiotherapy] students. It [hospital] is an environment, which people come to learn. My goal is to eventually finish my BScN but if I wasn't doing something educational, then I think I'd feel a little bit out of place. . . . You know I think, now I feel like I fit in with the rest of the environment. I'm also here working but I'm also learning just like everybody else at this teaching hospital. (P-364)

Learning with others was also achieved through the interaction with colleagues in the form of peer reviews: "I am continuously open to peer feedback. Peer reviews are so important." (P-226) Receiving feedback on one's practice was perceived as important to learning for improvement of one's practice. The collaborative practice environment created an ongoing opportunity to engage in lifelong learning for the participants.

External Forces Affecting Learning Participants were able to describe the supports that facilitated and barriers that hindered their occupational learning. The participants identified environmental, human resources, and cultural factors affecting their view of engaging in life long learning:

Sometimes what might hinder it is if you're in a group or crowd that doesn't necessarily value it or appreciate it, so you won't be necessarily as open with seeking it or attaining it. Now if I were going to look at lifelong learning on the spot as you are actually practicing, sometimes what can hinder it is if there's a short of nursing staff for the day or somehow you're discouraged. If you want to go rounds or to go to listen to a particular speaker, I consider that in itself even if you gain one or two new ideas from that one hour topic it's still worthwhile, but sometimes depending what the leadership is like for the day, you may be able to go, you may not be. Depending what the morale is like that particular day you may be able to go or not go. Then of course, the basic logistics is having the time to be able to do it. I feel now we are very flexible because some of us can be part-time workers, therefore, yes you can take courses parttime. That's crucial if you want to do it as one incentive, but you also need the time to do it. What facilitates it also is financial assistance to do it, especially if you are supporting others beside yourself. So I see there's factors more facilitating it as opposed to hindering it. (P-287)

The nature of the support from the workplace, colleagues, and family were most often verbalized by the participants in terms of providing or ensuring they had time to learn. Other tangible elements identified to support lifelong learning were financial support, having access to courses, and having options (courses) to choose from. All of the supports and challenges described required the lifelong learner to balance time demands with work, family, and personal needs.

Persistence All the participants spoke of ongoing needs with regard to occupational lifelong learning. They used language such as keeping up, continuing, adapting, changing, and pursuing in their description of the learning. There was a sense of persistence and of being determined to learn continuously throughout their careers and life.

It means that I continually, perhaps it is as simply as reading journal articles or taking an actual course, do something that will enhance my practice, and I think it's a commitment to doing that throughout the course of my career. (P-158)

It's exciting to see that it's [life long learning] given the value that it needs because then by doing it, it encourages nurses and especially myself to continue to pursue it and it's almost like positive reinforcement. (P-2115)

It's a commitment you make to continually try to improve the knowledge that you already have that stimulates your own professional development. (P-311)

Participants voiced their need to keep pace with the development of knowledge around them as their professional responsibility.

Gratification The participants identified their occupational need and concern for continual learning. There was an appreciation for the recognition of being part of a group and receiving respect from others for their developing knowledge:

Your life can be immeasurably rich, it refreshes you, rechallenges you and keeps you alert and makes work more fun. Being comfortable [in practice] is part of having fun. The more you're interested, the more you think of it in a bigger way. You have an understanding. You're willing to teach other people out of interest and enjoyment. It's very satisfying to discuss it intelligently. I find that to be fun. I thrive on respect from the people I work with. (P-1126)

I learned, I had fun, and it was also a social situation. I had so much more buffed up knowledge now that I could use in my practice. (P-354)

It contributes to our becoming the best nurses we can by taking opportunities to continue learning. Life long learning contributes to growth as a people in general. Now I fit with the rest of the environment [academic]. (P-2179)

If I wasn't doing something educational, I'd feel out of place. (P-369)

The growing knowledge base of the participants became gratifying in terms of being recognized positively by peers. This positive recognition made them feel better about their practice and their nursing image.

Professional Necessity The participants view lifelong learning in their occupation as a professional necessity. This view included the acceptance of their responsibility to utilize knowledge acquired to assure optimal practice. Lifelong learning was important to providing quality nursing practice.

You can have fun with the people you work with by giving little bits of information that you've learned or discussing with anaesthesia or the surgeons a particular situation. It's very satisfying to be able to discuss it

intelligently. I thrive on respect from people that I work with. I'd prefer that kind of working relationship. I like to have discussions with people that I work with to really understand situations or surgical procedures or how the [anaesthesia] circuit. What I would do if the anaesthetist was out of the room for a second and the CO₂ tracing disappeared? I've spent numerous hours talking, okay go through with me again, first I hit the red then I would do this, then I would do that. Because that's been the situation that happened once. Maybe that goes into the other thing, responsibility for your practice, and knowing or taking the initiative. If you're going to stand at the head of the patient while the anaesthetist is out washing his hands, you have to take some steps to make sure you're doing the right thing. (P-1149)

Learning on an ongoing basis in practice was important for the participants in terms of being accountable for providing safe practice. One participant felt the lifelong learning in practice was a necessary obligation of a nurse:

To be an effective health professional or effective nurse you can't continue without continuing to learn. (P-2182)

These strong beliefs of accountability and responsibility for their professional knowledge development strengthened their commitment.

Shifting Practice The significant changes in nursing practice for the participants created value for lifelong learning in the occupational arena. There was need to

continually gain clinical wisdom as practice changes were ongoing. One participant stated: "The books change and the knowledge in the books change." (P-259)

Participants recognized the changes and advances in nursing knowledge:

I think nursing changed a lot since I first started. (P-64)

I think situations change, treatments change, practices change and the [move toward the] whole evidenced based practice. . . . Things can change and if you don't keep abreast of it then it can be dangerous for the patient. (P-173)

Participants voiced their concerns with their constantly evolving environment. The continual sophistication in areas of technology and research with respect to nursing practice has impacted the participants' need for the continual acquisition of knowledge. This impacted their nursing practice through changes in their thinking, perspective, teaching, and practice.

Occupational Authorship

The overall concept from the occupational themes emerged as authorship. For the participants, this meant being able to choose and direct their lifelong learning with regard to their nursing practice. The nurses became the "authors" in directing their learning. The participants expressed the ability to choose to talk with others to gain knowledge, to take opportunities to learn with others, to gain recognition for their learning, to follow and learn the changing trends with regard to their practice, and to commit to keeping their knowledge current. The participants engaged in self-direction in their exploration of their practice through lifelong learning in their employment.

Personal Empowerment and Occupational Authorship

The parallel concepts of personal empowerment and occupational authorship are connected and blend together. Like two streams, they run beside each other, cross over and merge into a one-river journey. The personal theme of attentive and contemplative reasoning reflects the participants' own thinking, whereas the occupational theme of professional dialogue reflects thinking with others. Utilization of formal learning emulates participants' use of the theory in their practice, whereas in collaborative dialogue participants use colleagues to engage in thinking and learning. The internal forces affecting learning came from within the self and the external forces affecting learning came from the environment and others. The participants' personal purpose theme contributed to their motivation, whereas occupational persistence resulted from an environmental culture within their work context that required the constant pursuit of or engagement in learning. The theme of fulfilment, was from the person, whereas gratification came from recognition and acknowledgement of learning from others. The fear of succumbing theme was expressed by the participants as being personally left behind if not engaged in lifelong learning. Concurrently in the occupation forum, learning was deemed as a professional necessity, and both were viewed as an obligation to engage. The ebb and flow pattern of engagement in the personal realm spoke to the need to reenergize to fully participate, and in the occupational realm of shifting practice there were trend patterns and changes in nursing practice that drew on the participant engagement patterns.

The personal empowerment and occupational authorship flow into one, growing and changing stream. The participants find themselves "caught in the current" of lifelong

learning. They are intentionally searching for new meanings in their personal and occupational lives. This quest leaves them receptive to an ongoing reshaping of themselves. There is a desire to be absorbed into the satisfaction and ecstasy of the learning endeavour.

In all the themes, participants are being called upon to utilize their knowledge and think critically about themselves as nurses and about their nursing practice. This call to lifelong learning induces an arousal of the human potential and the ability to construct personal and occupation knowledge through a purposeful response to thinking nursing. Nursing is the humanistic art and science of caring. The knowledge that nurses develop and reflect upon is that of the human experience, and as a result, they are able to apply their learning to both their personal life and professional career.

Seasoning Journey of the Lifelong Learner

The lifelong learning journey also emerged into the ordered themes of engagement discord, discovery pilgrimage, transforming and maturity or seasoning of the lifelong learner (Appendix E). The participants described that the following stages were experienced in their engagement of lifelong learning.

Engagement Discord

Feelings of confusion, difficulty, and struggle associated with initiating or participating in formal learning were common among the participants:

Well, initially it was a bit of a pain, I'm talking about my experience with life long learning is courses that I've taken in my degree. When I first

started getting involved with this life long learning, I did think it was a bit of a pain because it was largely overwhelming. But that was mainly with respect to a degree. (P-182)

I never imagined how rewarding it could be until after I took my first continuing education course with a colleague, and I think the hardest part was taking the first step and saying you know what, I'm going to get myself registered and I'm going to get my work schedule straightened out, I'm going to make a commitment to being at such and such a place every day. (P-333)

The initial engagement in formal learning was difficult, and trying to develop a pattern was a difficult achievement. One participant spoke of why she felt people may not engage: "Quite a feat to be fearless enough to take on lifelong learning. People do not engage or pursue higher learning because of fear they allow to inhibit their ability to try." (P-1324) This challenge to take on lifelong learning is not being accepted by some nurses; however, the participants were self-directed and made it work. Engaging in lifelong learning through educational institutions was identified by the participants as difficult in regard to meeting expectations and juggling personal, work, and family life obligations. The engagement in lifelong learning is also a humbling experience that illuminates what you do not know and the areas that need to be explored. The initial decision to engage in formal learning created a quandary for one participant's career path as she stated, "It's difficult to make a decision at this stage in life about what direction you really want to take in your nursing career."

(P-631) Other participants also spoke of their discord when engaged in lifelong learning.

It's tough because there're so many options out there. Right now I'm taking health studies part time at York [university]. I'm plugging my way through that and it's difficult keeping up with working, family, trying to go to school trying to get half decent marks at school and doing all the reading and it's tough. (P-614)

Encouragement, time, and facilitation is greater now. Need to push nurses to continue and go on [obtaining formal education] and to tell them it is important to do that. It does not go without a lot of pressure as well. The nursing profession is over 90% female, and over half are mothers, so there's a lot to juggle, but they seem to be doing it somehow and that's commendable. (P-2248)

The engagement in lifelong learning creates challenges for the individual to surmount. Women's issues surrounding the juggling of work, family, and personal life made it difficult to make work and personal life decisions. The participants had varying commitments to different aspects of family and community. Personal stresses, needs, and demands that also were additionally framed by stereotypical gender issues increased the challenge. Nevertheless, these participants found personal satisfaction and made a commitment that encouraged them to continue to engage in lifelong learning.

Discovery Pilgrimage

Immersing oneself in the learning provided a heightened sense of awareness and exploration. Being engaged in learning facilitated the participants' discovery of different

likes, experiences, personal insights, and accomplishments. Participants spoke of discovering topic preferences, employing their learning, and the learning that unfolded for them when engaged. The engagement in formal learning led to discoveries of interests. As stated by one participant: “You can train anyone, but critical thinking and learning in nursing is broad [based],...research is one of the things I really like.” (P-563)

Another participant found value in the application of formal learning: “There is always, regardless of what it is you are learning, application to your current practice.” (P-143)

One participant spoke of a sense of exploration within her pattern of learning:

I’m in the process where I see myself not in the initial step of starting, but moving towards where I want to get. I’m not sure of what it is. Not a burning desire for something that I want to achieve. I guess it is a pattern of my learning, that I get into and then I find out what it is that I like. But the ultimate goal, I don’t know what it is yet. I’m working towards little things at first. (P-5105)

We did a lot of reading because most of the QA [quality assurance] program was from the States. I spent a lot of time in the library. That was on-the-job learning too. I don’t think really any of us knew very much about it, when I first started, so it was a little bit of trial and error. It doesn’t always work and I go back and try something else till you get something that works well. (P-699)

Two other participants described their process of exploration.

Getting the basics of nursing in college, getting hands on experience, I like it but I knew they only touched on theory and I

wanted to explore that, so my next step was to go to university where I learned a ton of theories and a lot of research. (P-543)

Opportunities come to me sometimes or I participate in certain things for the sake of doing it. I like to do new things. . . .I just kind of get in there and find out the things I'm missing. (P-5111)

Two participants addressed their direction during their engagement in lifelong learning: "I have no formal plan, no formal path that I'm on except to know that I will be on some path with regard to education." (P-1295) "Professionally I think I can learn more, something different. I'm not stuck there all the time. I'm moving on." (P-520)

The exploration for one participant was identified as being an all-encompassing system for the individual.

I don't think that lifelong learning even necessarily has to be completely nursing related as well. I think that as long as it's a commitment that you make to continually try to improve the knowledge that you already have, that it stimulates your own professional development. (P-39)

Participants ventured into formal and informal learning to acquire more knowledge. While acquiring knowledge, each participant learned more about themselves. This personal journey was akin to a discovery pilgrimage.

Transforming

The transforming stage was an enlightenment stage of identification of holistic learning. The transformation stage changed the way of being for the participant: "To me

life long learning, you continually adapt and change and learn to meet your professional needs.” (P-111)

Lifelong learning was something integral to your whole being, not just your professional nursing person. Participants felt it has to effect your whole life and your self in a way that stimulated your senses and from a holistic perspective:

I have to see it, I have to hear it, it has to be visual, it has to be auditory, and then it will make sense. It can't be just something that is taken for granted. Just because somebody tells you that's just the way it is. I can't learn that way. I have to see it, to believe it, and hear it and understand it.
(p-397)

It's an attitude, a total thought process, a way of being. The mind is just fertile. It keeps your mind fertile and willing to learn keeps your practice clean and healthy. (P-1351)

This lifelong learning response of being able to affect one's perspective assisted in the internalization of knowledge to become them. The engagement experiences and building of knowledge became more than the sum of the these parts.

Maturity or Seasoning

Participants described a stage of gaining maturity or seasoning where one achieves a greater sense of mastery. The mastery is demonstrated in the acquisition of knowledge, the ability to critically think, and in how knowledge becomes more intuitive. The participants achieved a greater sense of confidence with the attainment of experiential knowledge when they utilized critical thinking.

I think lifelong learning is to be a good model or makes you a good role model for other people. If you're keen and interested and always demonstrating that you're learning something or sharing with other people, it gets them interested in it as well. I think it can be something that inspires other people to pursue that themselves. I think the end result of life long learning increases collegiality between other disciplinary team members, not just nursing colleagues but other colleagues as well. I think it enhances professional respect for nursing. You keep yourself learning and abreast of current situations and trends. It [lifelong learning] gives nursing a good face with regard to respect as a profession. (P-1370)

A nurse can read about laryngospasm in a pediatric patient and she might be able to read about occasions when laryngospasms may happen, signs and symptoms, what to do, the ABC's. She may read about it all, but unless she's actually had the years of experience that come with being able to recognize even moments before it may happen, that it is pending and that these are the steps I have to take. These are my ABCs the airway, breathing, the circulation. And not only that, but containing the situation, and you cannot get that from the textbook. That only comes from years of experience and that's the hands-on knowledge that you gain just being here and experiencing it and having somebody mentor you. . . . That's what makes a good nurse a good nurse, as well. Yes, she has the theory, but being able also to take the theory and apply the theory. (P-3120)

One participant felt she had reached a stage of being able to appreciate the learning for what it meant and how it impacted her:

Other than just appreciating learning almost anything at this point. I don't know maybe it's the time issue again, not the amount of time, the time as to my age. As I said you only have so much time to pack all this stuff [learning] in, and I find myself much keener, more interested and wanting to pay attention a little bit more. (P-666)

There was also an understanding from a participant of maturity related to their responsibility and accountability for their competence in practice.

I accept responsibility for my practice. I'm committed to doing the best possible job I can. I can't without embracing lifelong learning. (P-1344)

The maturity phase of the lifelong learning journey allowed the participants to reflect on the importance and value of lifelong learning to them in their practice. This perspective relates to personal maturity and the ability to reflect, influence, and control life experiences in effective and fulfilling ways. The participants choose to make lifelong learning a part of them and their practice.

The Seasoning Journey—A Metaphor

The acquisition of a sense of maturity and mastery can be illustrated by the metaphor of journeying through nature's seasons (Appendix F). The seasoning journey was a metaphor that I identified as emerging from the participant themes into a pattern of engagement discord, discovery pilgrimage,

transformation, and maturation. The engagement discord is the season of fall, when leaves fall and seeds scatter for germination and renewal. This scattering can be equated with the deposit of knowledge and the germination of new knowledge. The falling leaves represent the letting go of past beliefs and practices. The winter engages the discovery pilgrimage, where one finds one's way in the snow. This expansive environment permits and encourages one to wander and explore. The winter, with its barren trees, represents openness to funnel the energy internally for changes to occur. The spring brings transformation through growth of plants, buds, and turning over of new leaves. A new awareness of being different and the adoption of new perspectives coincide with the emergence of plants, fruit and flowers and cleansing rains. The summer season brings maturation of the plants and flowers and warm, full days. As the learner experiences the full bloom, the learning has brought forth an expansion of their reasoning capabilities. The beauty of summer colours and lush vegetation provides the sense of fulfillment and culmination. The cultivation through the seasons results in maturity; however, the process of renewal begins again with the entry of the fall season. During the four seasons of the maturation journey, new meanings become embodied. Yet, like the seasons, the pursuit and acquisition of knowledge does not end, but continues over the seasons to come.

Vocation--A Call to Thinking Nursing

Both journeys presented a call to participants to think critically of their nursing practice and career. The call to the vocation of nursing represented a calling to be “the

best nurse I can be”, as one participant stated. A response to this calling included the important human element of critical thinking. The participants all spoke of the importance of critical thinking to their lives as nurses.

In my practice as a registered nurse, I think that lifelong learning is a self-commitment, a commitment that you make to yourself, to endeavor to, to continue to improve upon your own practice by continually updating the knowledge that you now have, and whether that's through going back to a university and enrolling in certain courses or whether it's things that you do outside of work, picking up nursing journals, attending a RNAO meeting, or even when you're at work, just continually updating yourself on your own practice. I don't think that lifelong learning even necessarily has to be completely nursing related as well. I think that as long as it's a commitment that you make to continually trying to improve the knowledge that you already have, it stimulates your own professional development. (P-33)

The call to nursing was seen by a participant as being integrated into their professional being: “Life long learning to me is a value that I have brought I guess to my practice, into my whole life in nursing.” (P-42)

The experiential knowledge, both personal and professional, was important to the participants. As one participant stated, the gaining of “experience counts for a lot.” (P-3110)

So overall, just about anything you're doing in your life is lifelong learning. It's a journey one takes and hopefully accesses whatever is

required to develop tools or techniques, or mechanisms to handle what's required in life. (P-4139)

The importance of lifelong learning was a value associated with the career of nursing for the participants. Lifelong learning was seen as an integral to and a foundation of the profession of nursing.

I think more clearly defined lifelong learning simply for me means that I continually educate myself in various ways that are required related to whatever it is that I'm pursuing in nursing. (P-44)

Nursing has accountability. Nursing has to work hard at that. If we pursue lifelong learning and are actively involved in lifelong learning, we are accountable and give nursing a good face. (P-1395)

Lifelong learning is crucial in any profession. It contributes to our becoming the best nurses we can. (P-2178)

To be an excellent clinician necessitates continuous thinking and reasoning especially in light of constantly changing clinical situations. To engage in lifelong learning from the participants' view is to satisfy one's being.

To do something regularly that challenges you, intellectually and that's what learning does to me. I like this lifelong learning thing. (P-1110)

I hope to continue as long as I can. (P-6144)

The participants valued the challenge, intellectual stimulation, and acquisition of knowledge and skills and were committed to learning and thinking about their nursing practice and career. This commitment to their profession necessitated the learning, which further strengthens their commitment.

Discussion of Findings

The search for meaning is not a search for an abstract body of knowledge, or even for a concrete body of knowledge. It is a distinctly personal search. The one who makes it raises intimate personal questions: What really counts, for me? What values am I seeking? What in my existence as a person, in my relations with others, in my work as a teacher, is of real concern to me, perhaps of ultimate concern to me?

(Jersild, 1955, p.4)

Personal Empowerment and Occupational Authorship

The participants gave voice to describing their lifelong learning journey personally and occupationally. This journey was meaning making for the participants, as their personal engagement in lifelong learning was interpreted as a requirement for and a part of their natural being. For the participants, the meaning making in their journey involved many aspects of the construction of knowledge and metacognition. Lazarus and Folkman (1984) stated, “humans are meaning-oriented, meaning-building creatures who are constantly evaluating everything that happens, which is a constructionist rather than positivist position” (p. 276). From the constructivist view, the learner makes sense of what they already know. “It is an active process in which learners construct knowledge in a way that makes personal sense. And it is a subjective process as learners draw on their own background experiences to make sense” (Tipping, Tobin & Hook, 1993, p. 223). These concepts are further related to the active, self-managing, conscious act of thinking about thinking and learning in metacognition (Gillieron, 1991). The participants engaged in cognitive development through self-directed, active and introspective learning. The data the participants provided revealed characteristic elements of constructivist and transformative epistemology and reflection and empowerment notions.

These elements were reflected in the themes and concepts that arose in their journey of lifelong learning.

Attentive and Contemplative Reasoning

The participants described the attentive and contemplative reasoning approach to lifelong learning through their use of reflection. This reflection was a conscious, deliberate, thorough, and natural way of learning for the participants. This reflection occurred in the many activities they performed for others and themselves. The reflection created an awareness of how they were living and making connections for a greater-self understanding. Schon (1984) defined reflection using words and similar notions as emerging from the participants' data "a deliberate and conscious activity which permits the individual to contemplate behaviour and events and responses to them" (p. 15). This complex process of thinking and feeling relative to experiences of individuals contributes to the participants' ability to engage in acquiring and generating new knowledge. The engagement from the participants' view was active, and required that time and effort be taken to think about their practice using past experience with current knowledge.

Utilization of Formal Learning

The participants' personal utilization of formal learning created a personal medium of receptivity. The participants expressed their increased ability to think openly by suspending judgement, taking another perspective, and thinking differently. This transfer of theoretical knowledge to practice may arise as the participants shift from declarative knowledge (knowing facts or that) to operative knowledge (understanding

where the declarative knowledge comes from or how (Arons, 1985). Schank (1990) stated the “operative knowledge involves the capacity to use, transform, or recognize the relevance of declarative knowledge in new situations” (p. 88). The application of new knowledge involves the process of critical analysis of personal paradigms which can emancipate the learner from the confines or constraints of the existing paradigm (Mezirow, 1991), thus affecting how the participants practice. All of the participants spoke of feeling empowered by the knowledge and skills gained from formal learning situations.

Internal Forces Affecting Learning

The internal forces affecting their personal learning affected both the engagement and transfer of learning for the participants. The participants spoke of the challenges surrounding the engagement in lifelong learning including their family, gender, and personal circumstances. Despite these, they still chose to be engaged. The personal control and the recognition of the value of lifelong learning enabled them to rise to the occasion and take opportunities. The internal control required to surmount the challenges of engagement relates to the relationship between the individual and the learning process. The desire of the participant to benefit from the engagement in lifelong learning is paramount to addressing the internal forces affecting their learning (Barriball, While, & Norman, 1992).

Personal Purpose and Fulfilment

Personal purpose was described by the participants as a commitment to lifelong learning from an inner passion. The fulfilment the participants felt from their engagement in lifelong learning increased their self-worth through the ongoing acquisition of knowledge. The decision to make lifelong learning a personal value for the participants produced a commitment into the setting and achieving of goals.

Fear of Succumbing or Vulnerability

The theme of fear of succumbing or vulnerability represented the participants' challenge to keep current. All participants feared "falling behind" in their practice. The acceptance and support received from others could be at risk if their knowledge was not current. Knowledge acts "as protection against insecurity and fallibility – it is a protective armor" (Bolin & McConnell Falk, 1987, p. 24). For the participants, the constant acquisition and building of knowledge contributed to their ability to provide safe, competent practice. As a profession and in their nursing practice, nurses need to contribute meaningfully or they risk losing their autonomy and influence. Trying to keep up with current practices created periods of high demands on their intellectual capacity, thus setting up a fear to keep pace with the changing knowledge and skills.

Ebb and Flow Engagement

The participants' engagement in lifelong learning was described as having an ebb and flow pattern. This ebb and flow engagement was described from a number of viewpoints. Formal learning was initially a challenge for many, especially due to

workload, and therefore they struggled with the energy needed for their intellectual engagement. In addition, the intellectual demands from formal learning were made more difficult for participants who were orienting to a new area, as the daily practice created additional and sometimes overwhelming intellectual demands. Many of the participants also expressed their “stop and go” approach to formal learning due to a number of internal and external factors. This rhythmicity and the search to balance energy with intellectual demands was a pattern of their engagement in lifelong learning. The participants’ approach to coping with the high demands was to engage and disengage or limit the sources and extent of their learning. Another approach was to learn through and with others.

Professional Dialogue

Professional dialogue was a method of engaging to learn with others. All participants used a method of enquiry with colleagues to gain a greater personal and professional understanding. The creation of dialogue with others assisted in the personal management of the theory to practice transfer. This knowledge also empowered the participants with a voice. White (1995) stated: “To have a voice in decisions nurses must both be articulate about what they know and be recognized by others as having something to contribute” (p. 85). Professional dialogue was taken further by the participants into collaborative learning.

Collaborative Learning

Collaborative learning provided many forums for participants to share and think with others. These included asking questions, mentoring, precepting, receiving reviews on their practice, meetings and committees, and learning together in formal education structures such as classes, conferences, inservices, and rounds. In these forums the participants were able to share their knowledge and expertise in an intellectual manner. Carlson-Catalano (1994) found in a survey that sharing clinical knowledge and skills are fundamental prerequisites to personal power. The participants also needed to connect with others in a meaningful way. Bolin and McConnell Falk (1987) wrote: "To teach because it is a vocation is to recognize, at some level, the need for colleagues, companions, and friends with whom we can communicate and search for new values and meanings" (p. 26). For the participants, opportunities to learn with others was highly valued for the contribution and difference it makes both personally and for the profession of nursing. The collaborative learning and the individual efforts within the group not only produce the best outcome but also contribute to the fundamental understanding of the context of nursing practice. The participants valued the knowledge attained when collaboration with colleagues could take place.

External Forces

External forces affecting the participants' lifelong learning were tangible resources such as finances, social conditions, and access, as well as prevailing competing demands and opportunities. Kanter (1979) stated that "individuals with access to information, support, resources, and opportunities to learn and grow in their work setting

are empowered to accomplish organizational goals” (cited in Laschinger & Wong, 1999, p. 309). Having external supports such as sufficient staffing, reasonable work load, accessible courses, and financial support (scholarships, tuition reimbursement) created an environment where the participants felt that lifelong learning was seen as both valued and an expectation.

Persistence

From the participants emerged the theme of persistence in which they described the need to keep acquiring and developing their knowledge base. Victor Frankel (1963) wrote, “striving to find meaning in one’s life is the primary motivational force in man” (p. 154). The participants described their need to find out answers to their questions, to keep gathering information to use in clinical practice, and to learn trends in order to anticipate them. The developing knowledge base in practice contributed to the participants continuing changing being. The pursuit and attainment of knowledge contributed to the next themes of gratification and professional necessity.

Gratification

For the participants, the gratification theme emerged which was derived from achieving respect from others for the knowledge developed, being the best nurse, fitting in with others, and being academically prepared in order to advance the nursing image. The ability to utilize their developing knowledge and engage in intellectual discussions enabled participants “autonomy or the freedom to act on what one knows” (Kramer & Schmalenberg, 1993, p. 58). The increased sense of autonomy became apparent to the

participants through their ability to be self-directed in their learning through such acts as initiating discussions, reading and preparing for clinical situations, and presenting at conferences and writing papers for journals in the same way as other health care professions. The rewards in the form of gratification came from recognition, accomplishment, professional control, and the encouragement, both internally and externally, to take charge of their own professional development.

Professional Necessity

Professional Necessity as a theme for the participants was to be responsible and accountable for the practice and the knowledge they had developed. The participants assumed responsibility for their learning and sought ways to remain current and competent. Kramer and Schmalenberg (1993) stated that “competence in a profession is a precursor to both autonomy and empowerment” (p. 58). The participants voiced their beliefs that it was their ethical obligation as a professional to provide competent and up-to-date care. This theme and thinking was also identified in the shifting practice theme as the participants described knowledge shifts and trends in their practice. Dealing with professional and institutional changes created a need to continually learn and keep updated.

Personal Empowerment and Occupational Authorship

The concepts of personal empowerment and occupational authorship emerged from the participants' data with regard to their meaning of lifelong learning and are supported by empowerment, transformational, and constructivist epistemology. Lifelong

learning meant that, with developing knowledge and critical thinking in practice, they were able to see themselves as contributors, as professional colleagues, and an equal, while offering and giving the best integrated care. Lifelong learning provided a process of empowerment whereby removing or overcoming perceived or real barriers released personal power to practice autonomously, competently, and thoughtfully while striving to be the best. This acquisition of personal power and control enabled them to effect change rather than allowing change to affect them. Participants actively sought experiences and knowledge in directions of their learning choice. The rewards of this process included enhanced self-esteem, new skills, development of professional networks, recognition, and an increased involvement in the workplace. The participants cognitively constructed their personal and professional career pathway in a constantly changing and chaotic health care environment with its resulting demands on the participants' being.

Learning that significantly influences behaviour is self-discovered and self-appropriated learning.

(Rogers, 1961)

Seasonal Journey

Our deepest calling is to grow into our own authentic selfhood. To do so we will not only find the joy that every human being seeks, we will also find our path of authentic service in the world.

Palmer J. Parker

The seasoning journey began with engagement discord (Appendix F). This is an unsettling time where participants began to examine beliefs, values, and assumptions which dig into our foundation and can threaten our sense of security. In the discovery

pilgrimage the learner is trying alternative behaviours and thinking differently in achieving set goals or desires. This involves risk, yet also unearths awareness and new views on how to practice. The transforming phase involves embodied ways of knowing. The meanings, expectations, skills, styles, and habits are expressed and experienced in the body in a different way (comportment). Their past ways of being are changed and broadened. The maturation phase sheds light on the connections and meanings from experiences which would have otherwise remained hidden in their initial chaotic and disordered state. The search and discovery aspect of the journey is to integrate the developing learning and critical thinking into their whole being. The lifelong learning seasoning journey for the participants also included striving to have the learning become intuitive and become them as a nurse. The journey was one of personal and professional growth and development.

A Call to Critical Thinking in Nursing Practice

An overall meaning of lifelong learning for the participants emerged as a call to think critically of their nursing practice. In every aspect surrounding the journey of lifelong learning, the participants were called to think. This calling or vocation to thinking and learning created a deep desire within the participants to respond to the call by being “a good nurse.” Learning to adopt or ponder different perspectives, responding to personal and practice demand, and increasing relational capacities for learning were seen by the participants as requiring critical thinking.

The National Council for Excellence in Critical Thinking and Instructions defined critical thinking as “the intellectually disciplined process of actively and skilfully

conceptualising, applying, synthesising or evaluating information gathered from, or generated by observation, experience, reflection, reasoning or communication as a guide to belief and action” (Binker, 1992, p. 84). This definition coincides with the participants’ notion of being active thinkers, to gain skills to view practice differently, apply theory to their practice, formulate thoughtful questions for themselves and others, integrate thoughts into a whole picture approach to practice and their being, and to evaluate and develop their practice through reflection. The thinking of the participants is skilful and complex and not the just the application of content associated with behavioural pedagogy. Heidegger (1959/1966, 1954/1968) described thinking as “a path that becomes involved with content in context and adapts, rejects, and transforms it by attempting to explicate particular contexts. Thinking does not take content and apply it in a corresponding way” (cited in Diekelmann, 1993, p. 247).

In nursing practice, critical thinking is a process which is influenced by knowledge and experience and the use of strategies such as reflective thinking as a part of learning to identify the issues and opportunities and holistically synthesize the information. Jones (1993) demonstrated that “critical thinking skills and disposition toward critical thinking are vitally important in workplace decision-making, leadership, clinical judgement, and professional success, and ultimately, in effective participation in a democratic society” (p. 312). The disposition towards critical thinking is a key element, as there seemed to be a moral dimension associated with critical thinking for the participants. In order to be competent, current and a “good nurse” one was obligated to engage in critical thinking in their nursing practice. For nursing practice, Benner, Hooper-Kyriakidis, and Stannard (1999) stated, “excellent clinicians must continuously

think and reason in constantly changing clinical situations” (p. 187). This skilful nursing concept is viewed as knowing-in-action or thinking on your feet. These advanced abilities to think critically are necessary to improve clinical systems, decrease errors and sentinel events, and to refine patient care systems (Benner, et al, 1999).

There is a need in the profession within health care settings for nurses who are critical thinkers, who engage in lifelong learning and are, in effect, knowledge workers. Learners need to have the knowledge, both theoretical and practical, so that they may provide safe and caring practice. Furthermore, they need to gain this knowledge through experiences and by accessing opportunities. The participants in this study viewed learning as thinking to understand and enhance their practice. They actively reached out for information, found resources, made judgements in the application of knowledge to practice, and reflected on the experience. They had come to appreciate learning for the intellectual richness and diversity of thought they attained from thinking critically of nursing and nursing practice. This perspective promoted mutual and open exchange with others and led to personal and professional growth. The participants’ enthusiasm and commitment to engage in lifelong learning increases the benefit from the educational experience. This engagement is especially important as nursing knowledge, experience, and feelings determine the quality of nursing care provided. The elements or themes which emerged from the participants assisted in progressing the individual toward a sharper consciousness, more secure knowledge, and greater mastery over the self as a nurse.

The Participants

The meaning of lifelong learning for the participants was interpreted and supported by their data through the common themes. Their responses to the question of engagement in lifelong learning brought forward their need for: opportunities for intellectual stimulation and growth through internal and external support and resources; an environment supportive of self-direction and collaboration; and acknowledgement of obligations and practice that support their moral character in the vocation of nursing. Lifelong learning for the participants also meant being active. This required energy and attentiveness for the promotion of critical thought and to increase their self-concept. All participants voiced a strong commitment to engage in, at different times in their life, formal and informal learning. Again, this engagement was dependent on the internal and external forces placed upon their lives. These demands and responsibilities compete for the learner's time and energy and can affect their commitment (Schoen, 1979). However, for these participants their commitment was more to the journey and to the vocation of nursing in lifelong learning, rather than each task, opportunity, or acquisition of new knowledge.

The promotion of critical thought was achieved by the participants through reflective, transformative, and constructionist learning processes. The participants valued the transfer and application of theoretical and formal knowledge, "knowing that" to the practical knowledge of "knowing how". This practical knowledge of knowing how to "dwell in and act in a local, specific human world" (Benner et al, 1999) such as nursing practice, is significant to view nursing as a vocation. The call from others (patients) to dwell and act in their world requires a response to know how to be in that world. All

participants believed lifelong learning assisted them by continually developing 'know-how' through employing various methods of critical thought.

Some differences relating to the themes between participants were associated with age and experience. The youngest and least experienced participant had limited and brief responses to the research questions. This participant had difficulty understanding and answering one clarifying question on the engagement of lifelong learning. This may relate to the level of maturity. Dewey (1933) believed that the development of thinking and reasoning skills and the process of reflective thinking required a certain degree of maturity. He believed the trials of adult life, the range and depth of experiences, contributed to becoming an educated person. Kitchener and King (1981) also believed that wisdom comes only with age. The participants themselves spoke of how the personal growth and maturation process related to lifelong learning.

The age and experience of the participants were less than the national average however; the educational level was higher than the national average. Their backgrounds were varied, with the majority having critical care experience (Emergency, Operating Room, Critical Care), pediatric surgical and medical service experience, education, and research. The fact that all participants had chosen to pursue further formal education beyond their diploma certificate indicated their desire to attain additional theoretical knowledge. Also, at the time of study, 5 of the 6 were enrolled in formal education programs, indicating their enhanced desire for higher learning. The backgrounds and educational experience of the participants illustrated their intense and strong engagement in learning, perhaps reflecting the characteristics or personality of the life long learner. The participants echoed themes of maturity, motivation, methods of learning and

engagement, commitment, and satisfaction inherent in their lifelong learning as illustrated in the themes that emerged from their data. These individuals were able to either surmount or not perceive the barriers to engagement, and communicated this view in a positive manner when interviewed.

All individuals during their interview addressed the difficulty of expressing what lifelong learning was and meant. Responses from the participants were “I never really thought of it before,” “difficult to articulate,” “hard to analyze,” and “I never really looked at the definition before.” Despite regular usage in their environment, lifelong learning still remained an elusive term to the participants. However, each participant did explicate the meaning of lifelong learning in their professional practice as the call or vocation to think nursing which contributed to the journeys of personal empowerment, occupational authorship, and journey of seasoning.

The phenomenological research approach studies everyday life as it is actually lived and experienced. Through this study, insightful descriptions of the way we experience the world are inductively developed to show or reveal the significance of these experiences in a deeper more meaningful way. The description yielded does not offer theory to explain and/or control the world, but brings us in contact with the world (van Manen, 1984). The participants in this study have an experiential understanding of the phenomenon under study, and by providing their personal experiences have uncovered and captured a deeper understanding of the nature and meaning of lifelong learning as an everyday experience (van Manen, 1984).

Researcher Reflections

The impetus for this research arose, in part, from the researcher's interest in how nurses interpreted the term lifelong learning. There appeared to be conflict in the interpretation related to formal and informal learning, along with nurses being unable to describe or define the term even when being frequently exposed to the expression. Reflecting upon the discourse from the participants, I was able repeatedly to identify with their interpretation of their engagement in lifelong learning. This research provided an opportunity to expand my education knowledge, philosophical knowledge, research knowledge, and nursing knowledge. There were many parallel and dual schemas between the interpretation of lifelong learning and my own learning. The metaphor of seasoning replicated my learning experience while engaged in this research and demonstrated to me the value of the phenomenological research method. The unfolding of the themes deepened my understanding of the relationship of lifelong learning to nurses and to me. The following is my interpretation of the seasoning process I experienced in conducting and writing this research.

Fall – Discord

The feelings of difficulty, confusion, and struggle described by the participants were present for me when defining the research question and finding the methodology. Writing the proposal required learning the philosophical basis for phenomenology. Finding the appropriate framework meant reading the various philosophers and researchers and determining a fit with the research question. I began to question my ability to express myself with valid language and a descriptive truth to best express the

voice of the participants. My position as a nurse educator brought similar feelings of a humbling experience in finding out what I did not know and needed to explore.

Winter – Discovery Pilgrimage

Conducting the research was my discovery pilgrimage as I listened, heard, and read and reread the data from the participants. As I became immersed in the data, I began my questioning of what is it all getting at, what am I to make of this, what is happening here, what I am learning about this? I discovered qualitative research “requires endurance and patience” (Thorne, Kirkham, & MacDonald-Emes, 1997, p. 175). The data analysis allowed for exploration through reflection and opening up to the meaning of the experience of lifelong learning for the participants. My awareness of lifelong learning as interpreted by the participants increased my desire to seek and find ways to describe their meanings. The connections with past experiences, my existing knowledge base, and new information began the construction of my learning, not only about lifelong learning but also about myself.

Spring – Transformation

The transformation began one night when reviewing the themes with a colleague. As I began to describe the themes, the pattern of personal empowerment and occupational authorship emerged. On paper I was able to construct parallel themes and the personal and occupational journey of the participants. The themes that did not relate to this journey, when reviewed, formed into the pattern of a maturation journey. The metaphor of seasoning for the maturation journey came to me a day or two after much thought

about the patterns. Subsequently, multiple connections with the literature developed and I began to construct my knowledge of lifelong learning as interpreted by the participants. The active process of thinking to understand the meaning behind lifelong learning was intensive and required persistent energy to think differently and more broadly.

Summer – Maturation

The expansion of my knowledge in relation to the interpretation of lifelong learning and phenomenology continues to grow. I have a new appreciation for the effort nurses put forward to their engagement in lifelong learning and vocation. The making of connections and linking with the literature and others to understand lifelong learning continues. As I acquire additional self and professional knowledge, I have discovered, I require time for reflection and discovery. I have also experienced the frustration of trying to become a better gardener in an effort to cultivate a more fertile mind.

Summary

The participant's data became two emergent designs from the coding and interpretative process. The first design (Appendix E) composed themes of personal empowerment with coinciding parallel themes for the concept of occupational authorship. This was verified by the participants. The personal empowerment concept involved processes whereby the participants overcame or removed barriers to engage in personal lifelong learning. The participants utilized personal power and internal motivation to sustain their engagement in lifelong learning. The occupational authorship concept

involved participants controlling their exploration into lifelong learning through collaboration and recognition of occupational demands to be met as a professional.

The second emergent design from the coding themes was a journey of maturation (Appendix F). This journey involved a process of mastery through the themes of engagement discord, discovery pilgrimage, transforming, and maturation. Participants revealed their engagement in lifelong learning resulted in their learning to become more intuitive and a part of their being as a nurse. These experiential journeys involved an overall interpretative theme of a call to thinking critically of their nursing practice and the profession of nursing. Participants responded to lifelong learning as a call to be a good nurse by utilizing critical thinking through reflection, transformative, and constructionist learning processes. The participants were above the national average in the educational preparation, and the majority had critical care, education, and research experience. All participants had expressed difficulty in defining the term; however, they were able to provide insightful descriptions which captured the experience in a conceptual and meaningful manner.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Summary

The purpose of this thesis was to uncover the meaning of lifelong learning for 6 nurses employed at a Pediatric Academic Health Science Centre. By listening to the nurses' voices and stories, it is possible to shed light on the meaning of lifelong learning as they live it rather than as we categorize, conceptualize, or theorize about it (van Manen, 1984). The 6 nurses who volunteered to participate in this research answered the questions: What does lifelong meaning mean to you? What is it like to be engaged in lifelong learning within your nursing practice? Chapter One established lifelong learning as a commonly used but elusive term. The literature revealed an absence of research into lifelong learning, especially in the field of nursing. The literature review focused on concepts of lifelong learning, professional practice, and meaning making which comprised the research question. The phenomenological research design and process were described along with the ethical considerations, limitations, and data analysis. The participants' interpretation of lifelong learning in their practice emerged as two journeys with an overall theme involving a call to critically think about their nursing practice. Participants described one lifelong learning journey as personal empowerment and occupational authorship (Appendix E). The theme of personal empowerment arose from descriptive subthemes of attentive and contemplative reasoning, utilization of formal learning, personal purpose, fulfillment, fear of succumbing or vulnerability and an ebb and flow engagement. The subthemes of occupation authorship were professional dialogue, collaborative learning, external forces affecting learning, persistence, gratification, professional necessity, and shifting practice. The subthemes and themes

were described individually and separately; however, there is a synergy among all the themes. Being empowered personally and authoring one's occupational direction with regard to lifelong learning is as entwined as the professional self.

The other journey uncovered from the participants' data was the journey of seasoning in relation to lifelong learning (Appendix F). The participants spoke of travelling through the four phases of beginning discord, discovery pilgrimage, transforming, and maturity. This was a descriptive journey using the metaphor of the seasons of time.

The overall concept was "A call to think critically in their nursing practice". The participants all voiced their need to think critically in preparation, implementation, and evaluation of their nursing practice. The ability to think critically in learning and doing nursing was achieved through engagement in the journeys of lifelong learning.

Conclusions

This is a world of wonder and not knowing, where scientists are awe-struck by what they see as were the early explorers who marvelled at new continents. In this realm, there is a new kind of freedom, where it is more rewarding to explore than to reach conclusions, more satisfying to wonder than to know, and more exciting to search than to stay put.

Margaret Wheatley

This study found that the participants interpreted lifelong learning as involving a journey of personal empowerment and occupational authorship, a journey of maturation in their learning process, and a call to thinking critically of their nursing practice and the nursing profession. The participants revealed that lifelong learning was a process which required critical thinking in their nursing practice. These perspectives challenge past

experiences and beliefs about lifelong learning and the education of nurses. Nurses are learning for themselves, and on an ongoing basis, for their nursing career. Previous attitudes and practices are changing and are being challenged. The postmodern movement is acknowledging pluralism, relativism, diversity, and acceptance of ambiguity as we become more aware of ourselves in a unitary world (Watson, 1995). The change in our social world creates changes for education in nursing practice. Nurses in the past have practiced as they were first taught with a focus on behavioural pedagogy and learning clinical nursing practice through the master-apprentice approach. Years of nursing experience held a greater value than continuing education. The attitude of doing nursing is superior to thinking nursing (Clare, 1993, p. 1034) is changing. The data gathered from 6 pediatric nurses at an academic health science centre provided the descriptive themes of engagement and interpretation of lifelong learning. The participants centered on the employment of critical thinking in their professional lives. It is the participants themselves who are the constructors of knowledge through critical thinking. This engagement in lifelong learning for their professional development is aimed at increasing their career resiliency through empowerment, forming collegial relationships, and creating supportive learning environments within the context of rapidly changing environments. The call to nurses to engage in lifelong learning is also a call by society for nurses who are critical thinkers, empowered, and mature in the authoring of their career and learning. Ensuring competent, well-educated professional nurses who understand the complexity of the environment and the expert knowledge that caring requires necessitates an investment in nursing human and intellectual capital. The essence of lifelong learning to these participants is to respond to the ongoing call to think

critically about their nursing practice, using a variety of methods in their personal and work life for themselves and for society. Now is the time to “think nursing”.

Implications

The findings of this phenomenological study of the meaning of lifelong learning for nurses are relevant to the practice of nursing, education, and research.

Practice Implications

There are practice implications for the interpretation of lifelong learning for the essential development of nursing human and intellectual capital. Support is necessary for formal, informal, and career learning. The participants acknowledged that engagement in formal learning requires financial resources, flexible time intervals to attend and study courses, access to desired or necessary courses, access to human resources who support the attainment of learning skills, significant others to philosophically value it and encourage through emotional support, and commitment on the part of the learner to follow through.

Informal learning can be supported through the establishment of systems that encourage collegial networking. The provision of participant desired and described opportunities to engage in learning with others can stimulate reflection on concepts, beliefs, and values. The opportunities for learning through dialogue and in attendance with others may take the form of inservices, rounds, committees, research, presentations, and participating on collaborative practice initiatives. Collaborative learning exposes the learner to diverse, lateral thinkers and stimulates creative decision-making and problem

solving. This engagement in learning through social interaction creates forums to continuously construct knowledge. The collaborative forums allow for learner inquiry and the development of knowledge and the pursuit of lifelong learning.

Supports are also needed for career learning to preserve the self-directedness and individuality associated with adult learners. Nurses need to engage in learning in the broader context of their professional role. Professional associations and formal learning institutions have a significant role to play to provide current, original, leading edge, controversial information, theory, and interactive forums to help learners explore their sense of meaning and purpose in negotiating their place in the world. The engagement requires exposure to and opportunities for engagement in lifelong learning.

Acknowledgement and support of the characteristics surrounding the engagement of lifelong learning of nurses are required. These include such themes as the ebb and flow engagement, fears and necessity related to knowledge, and the seasonal journey in which the lifelong learner engages. Professional support can recognize the ebb and flow engagement by not penalizing nurses when they require a break for personal or occupational reasons from formal learning or intense professional commitments surrounding associations, committees, research, and projects. Acknowledgement of nurses' fears of "falling behind" in their knowledge and of "keeping up" with current, evidence-based knowledge can be provided by enhancing access to literature and colleagues who act as the forecasters and futurists. The information can be communicated through easily accessed forms such as journals, newsletters, internet, and open forums. Nurses require exposure to and opportunities to read or hear about developing trends, current philosophies, and changes and shifts in their environment.

Finally, institutions and associations should recognize that lifelong learning is a process that enables professional renewal, which in turn benefits society through facilitating development of committed professionals. Understanding the interpretation of the meaning of lifelong learning by hearing the voices of the participants from this study can affect the depth of engagement by raising nurses' consciousness and change structures which support lifelong learning in practice.

Education Implications

This study raised educational implications for teaching, self-directed learning, and career learning. Educators and educational institutions need to appreciate that lifelong learners may require a different pedagogy which recognizes their approaches and characteristics for learning. The pedagogy for teaching or self-directed learning could respond to this research in the form of ensuring learners are "called to think." Education should encourage the raising of consciousness in learners in relation to the interpretation and characteristics of the meaning of lifelong learning. It should also promote critical thinking, transformative, and constructive learning, thus changing from a behavioural pedagogy. The adoption of these pedagogies will assist nurses to live intentionally in their profession and receive the education to construct their own reality (Kelly, 1955). Nurses in their initial formal education could acknowledge lifelong learning as a process and journey, and that engagement can commit one further to the practice and profession of nursing.

Implications for Research

The participants in this study illuminated the meaning of the experience of lifelong learning as was lived by them. The emerging themes, metathemes, concepts, and metaphors contributed to our understanding of lifelong learning. However, van Manen (1990) stated “no conceptual formulation or single statement can possibly capture the full mystery of this experience” (p. 92). The interpretation of lifelong learning in this study points to only an aspect of the phenomenon (van Manen, 1990); therefore, it is necessary to replicate and broaden this research. The exploration should continue as the construction is never complete, and further research will contribute to the shaping of the meaning of the phenomenon over time. However, it must be understood a person’s universe revolves around the meaning she or he ascribes to the phenomenon, and this can never be fully known to others (Parse, 1981, 1995). The phenomenological method is not intended to generate theory but to reveal insight into the lived experience of the phenomenon. It is hoped that this research has identified features of the phenomenon of lifelong learning to which nurses can relate and develop themselves further. This research is for their learning and development, as well as my own, and to stimulate the pursuit of further research questions.

Conclusion Summary

Nursing is a progressive art in which to stand still is to have gone back
Florence Nightingale

This study has illuminated 6 participants interpretation of lifelong learning to their professional nursing practice. The study acknowledges nursing as a vocation and lifelong

learning as a call to think critically of nursing practice for the participants. Nursing is creative, humanistic, expressive, subjective, holistic, and intuitive in nature (Hayne, 1992). The nature of nursing lends itself to the descriptive interpretation of lifelong learning by the participants. Lifelong learning in the practice of nursing involves journeys of personal empowerment, occupational authorship, and a maturation process. The exploration involved in these journeys requires critical thinking to grasp the wholistic practice and live the practice of nursing. The engagement in lifelong learning was relevant to the participants and is to the profession of nursing.

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APPENDIX A. INTERVIEW QUESTIONS

For this study, the following questions were used:

1. Please tell me, what does the term lifelong learning mean to you?
2. Please tell me, what is it like to be engaged in lifelong learning within your nursing practice?

Additional probing questions attempted to discover the meanings, patterns, facilitators, and inhibitors of lifelong learning.

3. Please tell me, what meanings of lifelong learning do you ascribe to yourself and your nursing professional practice?
4. What patterns of lifelong learning characterize your nursing practice?
5. What facilitates or hinders your engagement with lifelong learning in your professional practice?
6. Tell me everything you can about your engagement with lifelong learning.

The selected questions were designed to prompt nurses to try to describe their experience of lifelong learning in practice. Subsequent probes, such as: "Please tell me more about that" and "what did that mean to you", were also used depending on the participants' responses and to clarify statements made.

Registered Nurses Research Participants Wanted

- **To explore personal experience of
“Life long learning in Nursing Practice”**
- Please call Susan Bell RN MEd. (cand.)
Research Investigator for further details
- ext. 6853 Message can be left at any time

APPENDIX C. CONSENT FORM

Informed Consent Form

BROCK UNIVERSITY DEPARTMENT OF EDUCATION

Title of Study: Registered Nurses in an Academic Health Sciences Centre: Perceptions of Life Long Learning to Professional Practice

Researchers: Professor Michael Kompf, Brock University (905) 688-5550 ext.3935
 Thesis Advisor
 Student Susan M. Bell RN BScN (416) 813-6853
 Nurse Educator

Name of participant: (Please Print) _____

Purpose of the Research

This research study will explore, describe and interpret the meaning of life long learning as perceived by six paediatric nurses employed in an academic health science centre. The aim of this phenomenological research is to enhance the understanding of the lived experience of life long learning of nurses.

Description of the Research

The phenomenological method is the preferred approach for this study as it recognizes a multiplicity of perspectives and studies the world as it is experienced rather than conceptualized or theorized. The aim will be to make explicit the participant's implicit understanding of life long learning.

Participant selection requires the individual has experience with the topic under investigation. As the purpose is to understand a phenomena rather than examine distribution, small samples allow for generation of rich data for analysis. A sample size of six Registered Nurses has been chosen based upon literature support and novice status of the researcher.

Data collection will be based on interviews. Participants will be recruited through advertisements from the Centre for Nursing and the Registered Nurses Council. Participants will be notified of the small sample size and the possibility of non-selection if participant volunteers exceed six.

Initial contact will include explanations of the research topic, number and time commitment associated with interviews and informed consent.

The first interview will be approximately 1 hour. There will be a minimum of two respondent check of the data. First, validation of the individuals data, then the emerging themes and interpretation. These respondent checks will add a possible additional two hour time commitment.

Potential Harms Injuries, Discomfort or Inconvenience

There are no known harms associated with the participation in this study. The inconvenience of the participants time commitment will be addressed in the consent to participate.

Potential Benefits

A potential benefit from the study to the participant may be the ability to clearly articulate the self-discovered meaning of life long learning.

Confidentiality

Confidentiality will be respected and no information that discloses the identity of the subject will be released or published without consent unless required by law.

Consent:

I understand that this study in which I have agreed to participate will involve an interview and at least two reviews of the data generated by myself as a participant and other participants.

I understand that my participation in this study is voluntary and that I may withdraw from the study at any time and for any reason without penalty.

I understand that there is no obligation to participate in any aspect of this project that I consider invasive.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I understand that only the researchers named above will have access to the data.

I understand that I may ask now, or in the future, any questions I have about the study or the research procedures.

Participants Signature: _____

Date: _____

If you have any questions or concerns about your participation in the study, you can contact Susan Bell at (416) 813-6853 or Professor Michael Kompf at (905) 688-5550, extension .

Feedback about the use of the data will be available during the month of June, 1999, from the researcher. A written explanation will be provided for you upon your request.

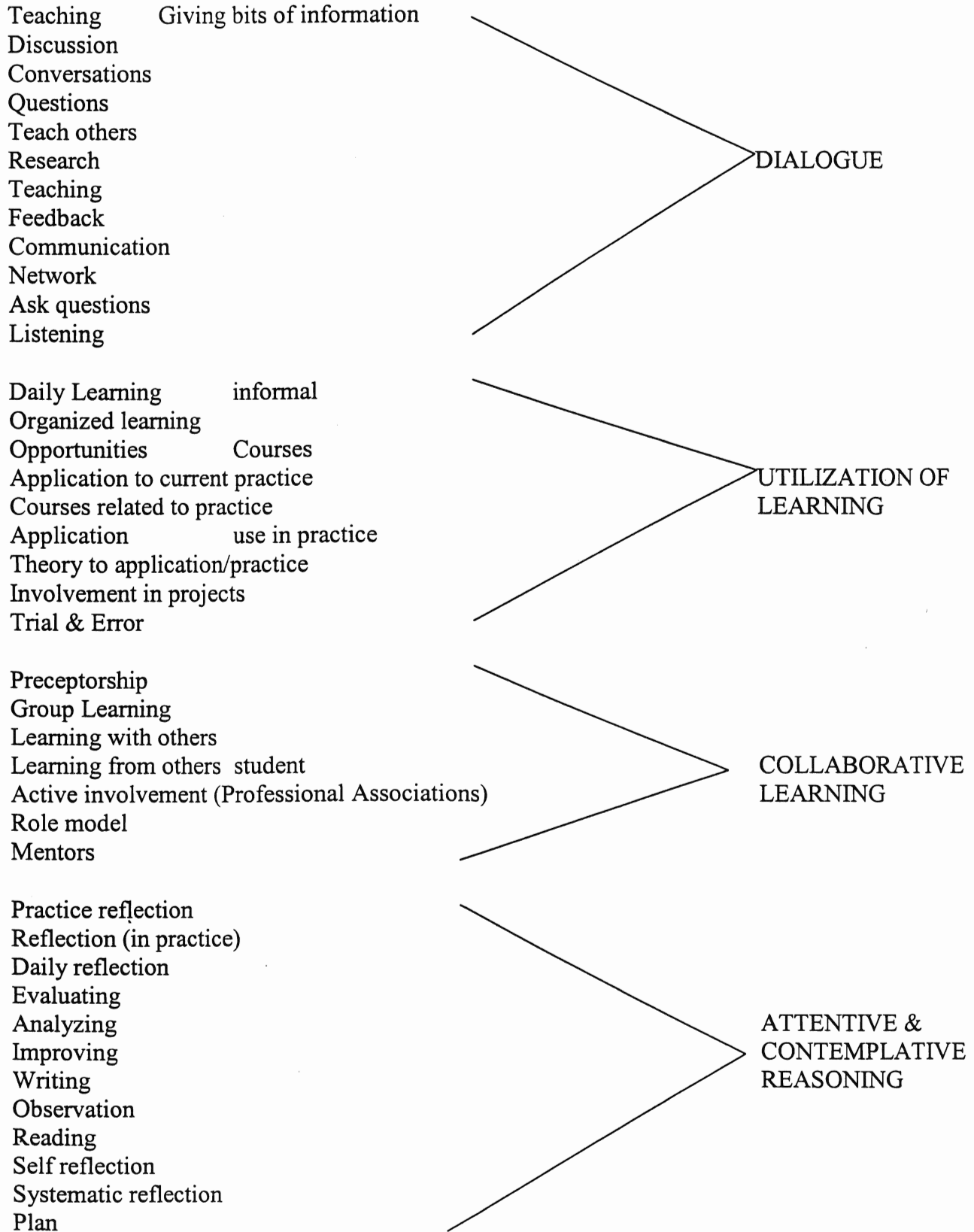
Thank you for your help! Please take a copy with you for further reference.

I have fully explained the procedures of this study to the above volunteer.

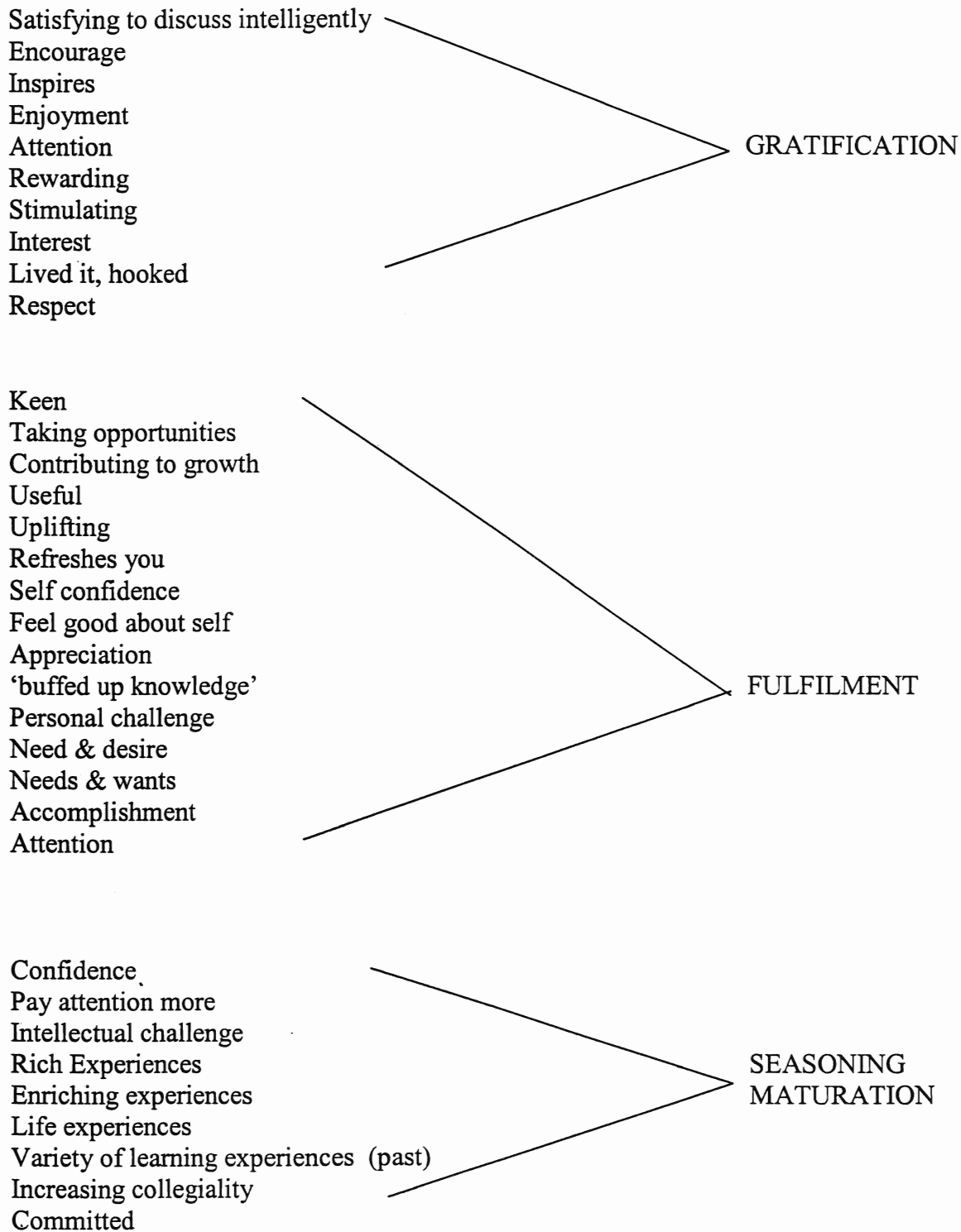
Researcher Signature: _____

Date: _____

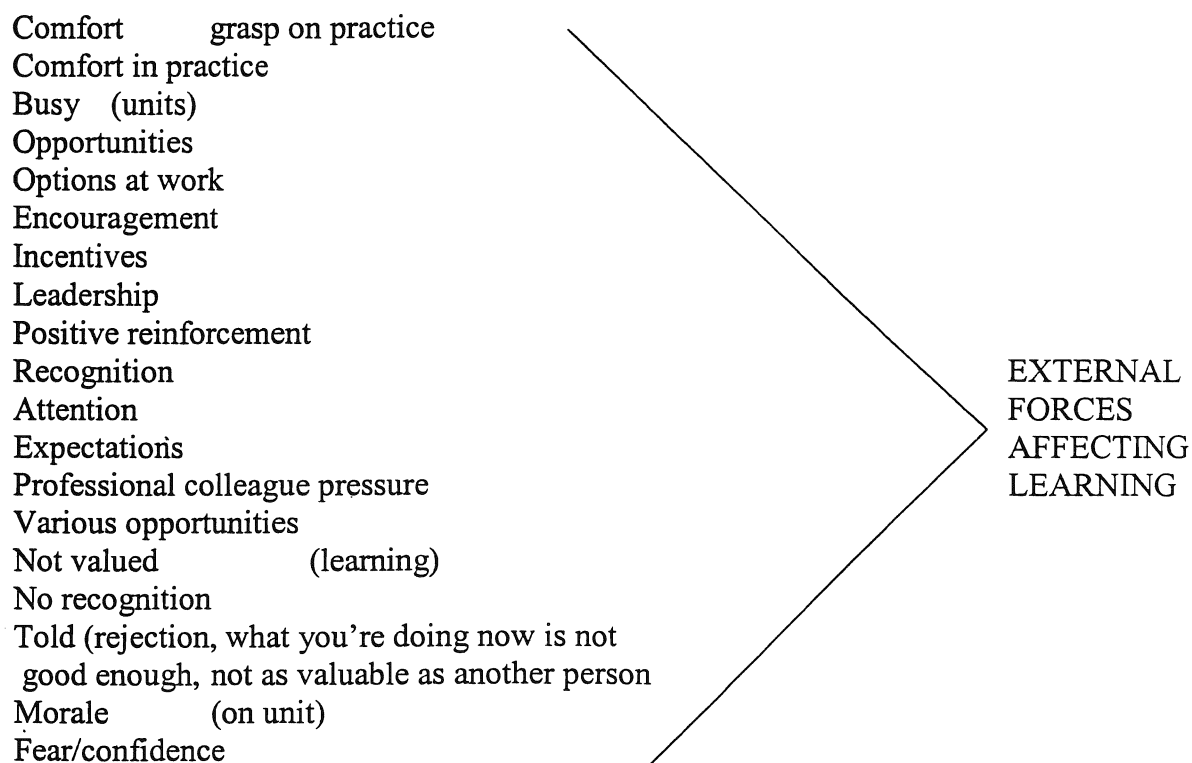
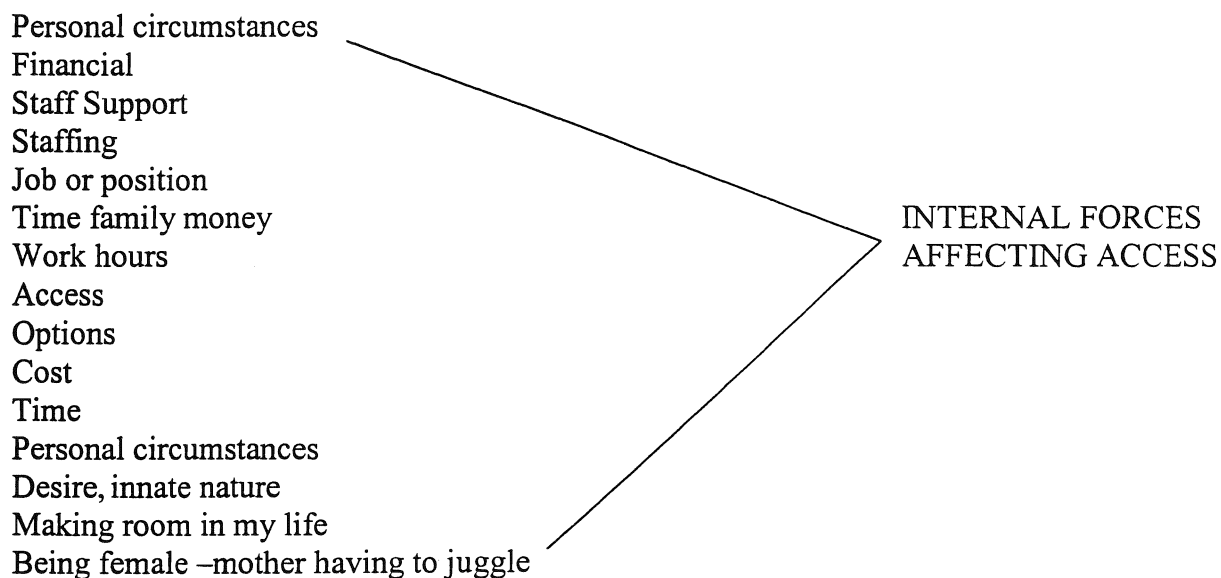
APPENDIX D. THESIS CODES



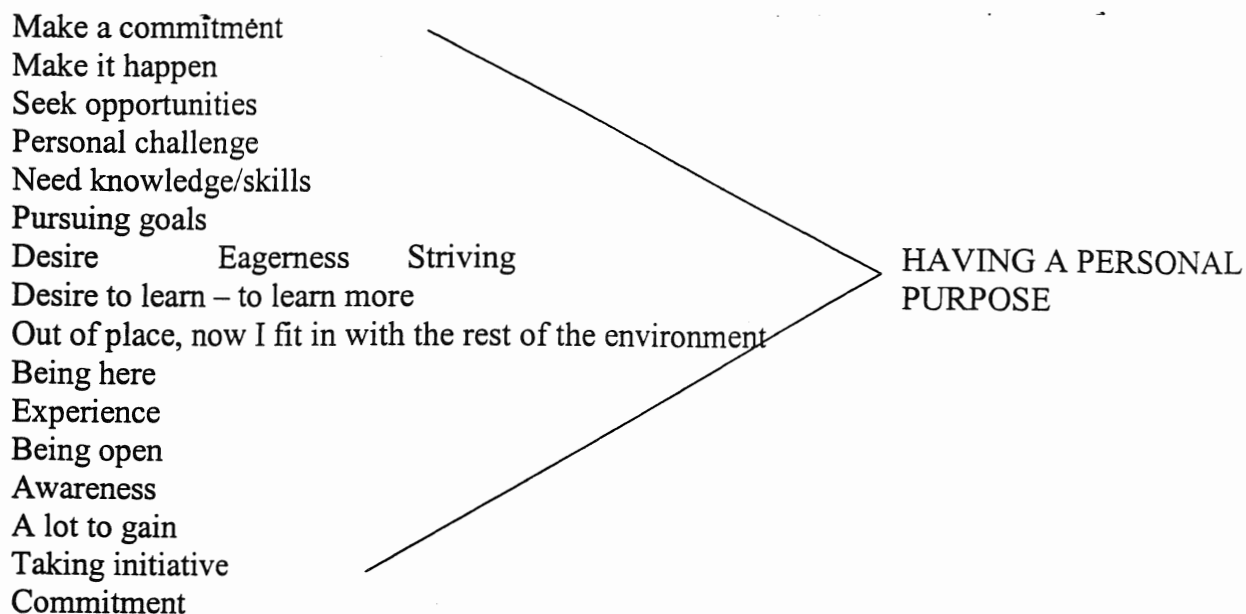
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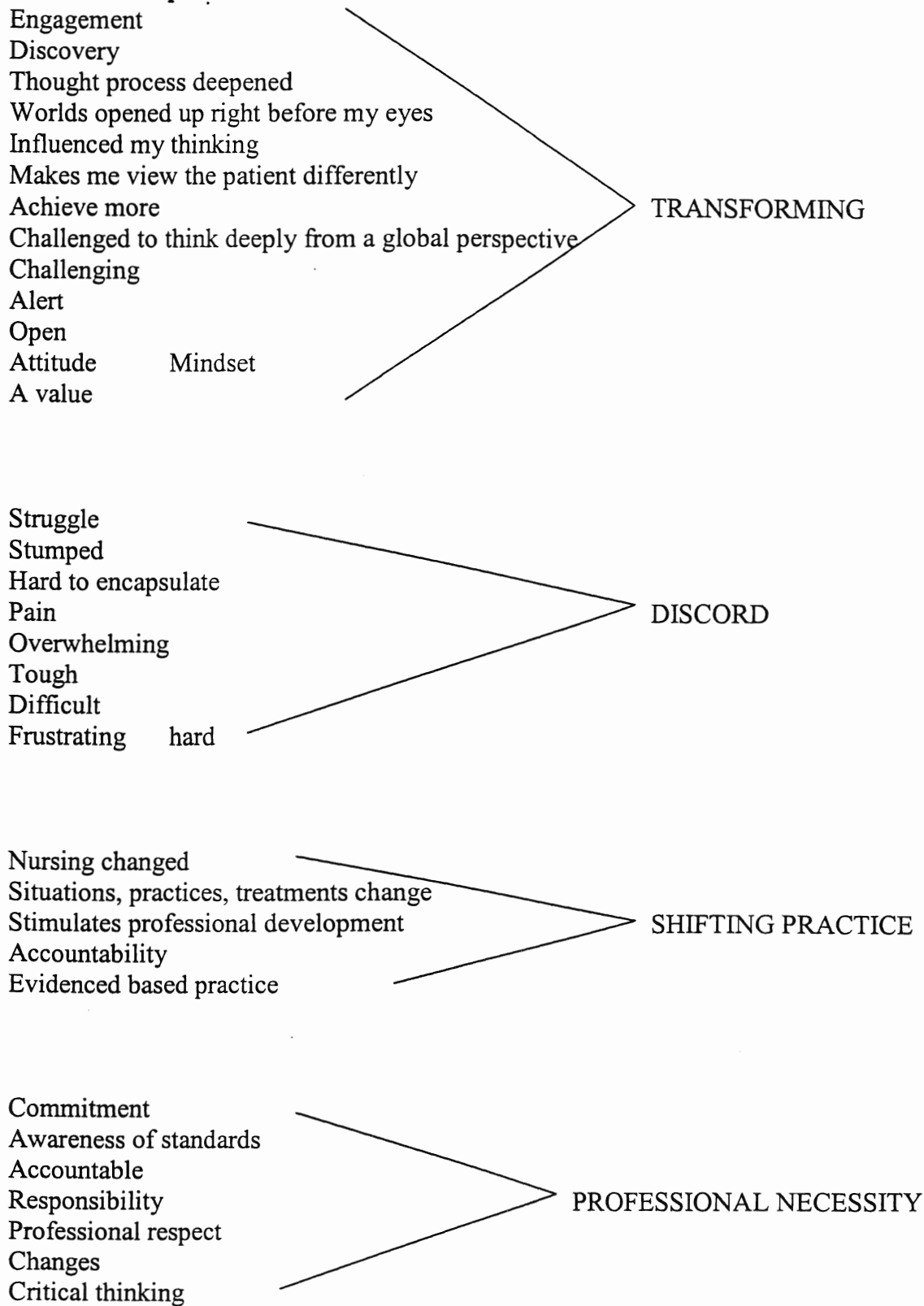
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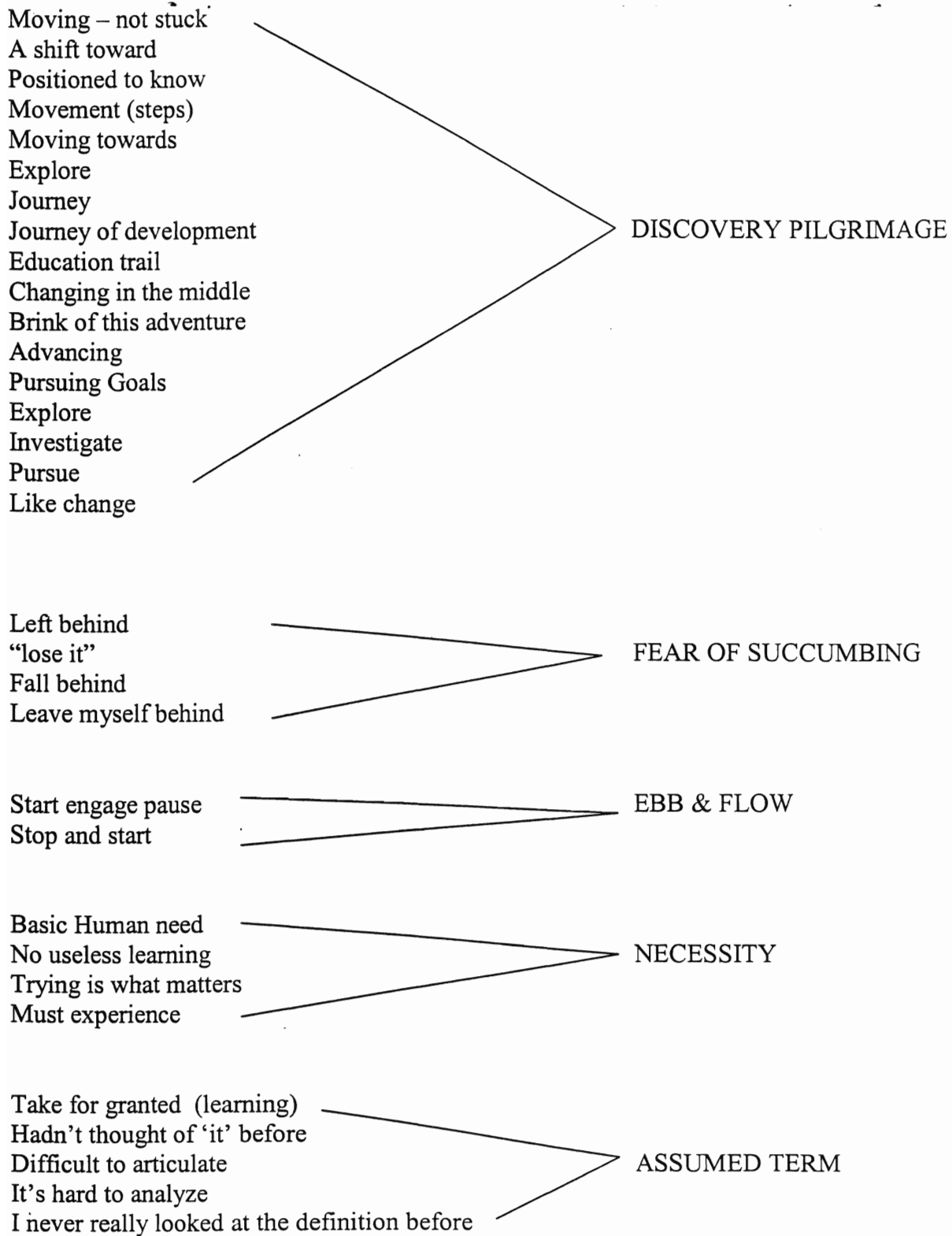
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APPENDIX E. THESIS THEMES

PERSONAL

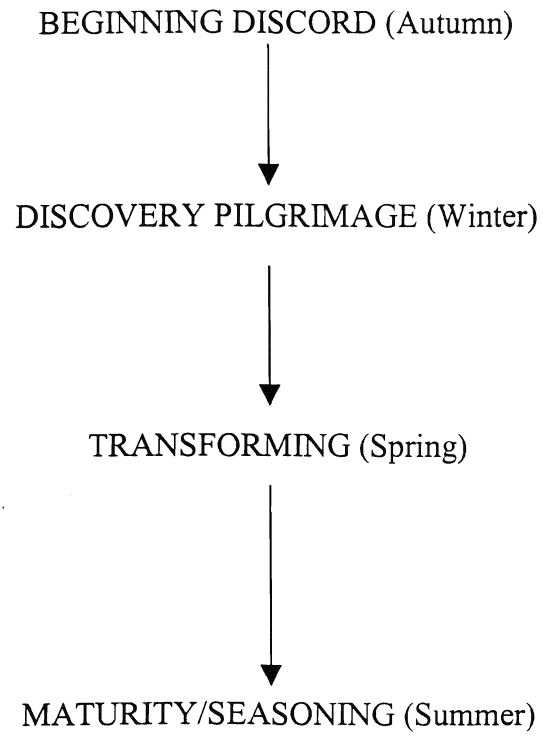
Attentive and Contemplative Reasoning
Utilization of Formal Learning
Internal Forces Affecting Learning
Personal Purpose
Fulfillment
Fear of Succumbing – Vulnerability
Ebb & Flow Engagement

EMPOWERMENT

OCCUPATIONAL

Professional Dialogue
Collaborative Learning
External Forces Affecting Learning
Persistence
Gratification
Professional Necessity
Shifting Practice

AUTHORSHIP

APPENDIX F. SEASONING JOURNEY

APPENDIX G. PARTICIPANTS' RESPONSES

Question 1

What does Life Long Learning mean to you?

P1: To me life long learning goes both through your personal and professional life and you utilize the same kind of principles for living in your personal life that you do in educational life. To me principles of life long learning are; you must continually upgrade yourself and be adaptable to change and direct your learning. It makes me think of nursing practice differently because I think of ideas to try, like for instance, nursing research such as positioning. I guess a lot of the courses I took directly related to my practice here and the things that I learned in them, I applied to work.

Meaning Unit:

Life long learning is both principle-driven and weaves through her personal and professional life. She ought to be flexible, in control and continue to acquire knowledge. Life long learning changes her perspective and impacts/applies to one's practice.

P2: It means to continue learning not just theory but the role of clinical nursing and medicine as it applies to direct patient care, otherwise keeping up to date with research findings, especially evidenced based nursing practice and how it affects the delivery of care. But also being with adolescents and families. It also means continuing to learn how to better interact with families. Continuing with world wide research findings as well, not only as to how many apply in Canada, but how Nursing is affected throughout the world and what other nurses learn. I actually also see life long learning not only in my specific profession of nursing but I look around the multidisciplinary team and they also learned and have continued to learn because I think we all interact together and affect each others practice. Life long learning also involves another portion which is completely different but very much related, which is that nurses, as other professionals, have to continuously daily reflect what they learned what they've done, what they've done well, and what they can do better. I think that's equally important as gaining more knowledge through classes or books.

Meaning Unit:

Learning occurs in theory, practice and research and from being with others. The acquisition and application of knowledge is broad based in the world and across disciplines. Daily reflection of practice constitutes a significant part of life long learning.

P3: A self commitment. A commitment that you make to yourself, to endeavor to, to continue to improve upon your own practice by continually updating the knowledge that you now have. Whether that through going back to a university and enrolling in certain courses or whether it's through things that you do outside of work; picking up nursing journals, attending a RNAO meeting, or even when you're at work, just continually updating yourself on your own practice. I don't think that life long learning even necessarily has to be completely nursing related as well. I think that as long as it's a commitment that you make to continually trying to improve the knowledge that you already have, that it stimulates your own professional development.

Meaning Unit:

Accepting the responsibility to utilize new knowledge to assure optimal practice. Provide ability to utilize a variety of learning sources. Provides a broad knowledge application beyond nursing.

P4: To me it is a value that, is a part of what I have brought I guess to my practice, into my whole life, in nursing. I think more clearly defined, life long learning simply for me means that I continually educate myself in various ways that are required, related to whatever it is that I'm pursuing in nursing. Life long learning can be pursued in a formal way, it can be pursued in an informal way. Within the formal way, of course, for nursing, professional nursing degrees and levels that one works through as one completes a baccalaureate, masters and doctorate and anything beyond a doctorate. And at an informal level, life long learning for me is learning on a day to day basis from my peers, my contacts with families. Informally I learn also from all the work that I do everyday. I'm continually looking and evaluating and analyzing and improving on what it is that I do.

Meaning Unit:

Life long learning has significant human worth for application to nursing practice. The learning is related to the required personally driven pursuit in the forms of formal and informal learning. There is constant reflection in action in daily practice resulting in better practice.

P5: Starting out new, life long learning is basically having goals that you fulfil throughout your career. It's always changing. It's not always something you set your mind to it, it might change. You have to work towards it. Learning that's within the nursing the field or something that you have a passion for.

Meaning Unit:

Beginning in her nursing career there is setting and resetting of personally planned goals to achieve. This takes commitment, contact and passion.

P6: To me it means, keeping my skills updated whether it's through sort of formal education or hands on nursing care. I think nursing's changed a lot since I first started and I think when I first graduated, many years ago, I didn't think I would have to take any more courses again. But now I realize you really have to keep up constantly or you lose it. You fall behind.

Meaning Unit:

Life long learning is a necessary requirement for maintaining current practice. You are vulnerable if you are not engaged.

Question 2

What is it like for you to be engaged in Life Long Learning within your nursing practice?

P1: Initially a bit of a pain talking about my degree (formal education). It was largely overwhelming ... Once I got started in it, I really found that I really enjoyed it. I was looking forward to the next course. I found these worlds opened up right before my eyes. The more you learned the more you wanted to know. You had to really think in university. You had to examine all the angles of something and I found that riveting and my thought process deepen immeasurably. I had to look at things globally. I found it to be the brink of this adventure and I still do. I feel stagnant when I don't. I like the intellectual challenge of learning something new. Your life can be immeasurably rich, it refreshes you, rechallenges you and keeps you alert and makes work more fun. Being comfortable is part of having fun. When the work is intriguing. The more you're interested, the more you think of it in a bigger way. You have an understanding. You're willing to pay attention to it, you're willing to teach other people out of interest and enjoyment. It's very satisfying to discuss it intelligently. I find that to be fun. I thrive on respect from the people I work with. I prefer that kind of relationship.

Meaning Unit:

The difficulties experienced at the start of formal education gave way to an enlightening and motivating experience. The challenge to critically think contributed to broadening perspectives. Personal and professional positive changes of gratification in self, work and from others.

P2: It's crucial. For me it almost comes naturally. I see that as being natural when you have the desire or eagerness to do it and in some ways it makes it easier. It contributes to our becoming the best nurses we can by taking opportunities to continue learning and continue reflecting and contributes to our growth as people in general. To be an effective health professional or effective nurse you can't continue without continuing to learn. I just wanted to do it, I enjoyed the learning experience of it.

Meaning Unit:

Engagement in life long learning is a natural part of being human and a necessary and satisfying part of being a 'good nurse'.

P3: When I first started to do it, it was so incredibly rewarding. The courses I'm taking have just become a little bit more frustrating. I think the hardest part was taking the first step and making the commitment. I had a great time, I learned a lot, I had fun, and it was also a social situation. I had so much more buffed up knowledge now that I could use in my practice. I loved it, I was hooked, I was addicted and I couldn't wait to move on to the next one (course).

Meaning Unit:

Initial engagement to commit to return to formal learning was difficult, however, beneficial in the application of new knowledge to practice. Formal learning became habitual and satisfying to the point of entertainment.

P4: It's exciting, it's challenging. It provides for me, opportunities to review literature, to analyze, to self-reflect, that's in formal learning and informal learning day to day. It's a sense of

exploration, a sense of pursuit, of something that was intangible initially, becomes more tangible in my pursuit by reviewing, reading, analyzing and researching. It's an adrenaline surge.

Meaning Unit:

Learning acts as an invigorating stimulant. The engagement becomes more concrete for the learning once the engagement has deepen through critical analysis. The learning opportunity is episodic and when presented, is seized and explored.

P5: It's both personal and professional. Personally I can't imagine myself not being in school or learning something. I think that I can learn more things and achieve goals. Professionally, I think I'm moving toward something different. I'm not stuck. You're never finished. It's like step by step, you go towards your ultimate goal.

Meaning Unit:

Learning is felt to be required for personal and professional growth throughout life. The levels and directions change but the learning continues in a goal directed manner. Learning involves formal and informal methods.

P6: It's tough, because there's so many options out there. It's difficult keeping up with working, family, trying to go to school and get half decent marks at school and doing all the reading and it's tough. It's difficult to make a decision at this stage in life about what direction you really want to take in your nursing career.

Meaning Unit:

The choice to engage in formal learning and balancing school and personal life has been burdensome due to the personal expectations and workload. The increased learning choices available causes confusion.

Question 3

What meanings of Life Long Learning do you ascribe to yourself and your professional nursing practice?

P1: Making myself aware what is relevant to nursing and to professional practice. Trying and having the guts to do it. Having the confidence in yourself to try regardless of the outcome. Accepting the responsibility for my practice. Committed to do the best job possible. I can't do the best job possible without embracing the life long learning attitude. It's an attitude toward nursing practice and life. It's a total thought process or a way of being. Keeping your mind fertile. Keeping your practice clean and healthy.

Meaning Unit:

Being professionally and personally autonomous and accountable for learning and one's practice. Life long learning is imperative to a quality nursing practice. A moral belief for practice, thinking and behaving.

P2: Being continually open to feedback. Initiating, asking for feedback. Being open to others. It's as simple as listening skills and reflecting. I feel that's really important in the health profession. What we take for granted is, what we learn and teach others; students, standards of practice. It's an awareness. For me it comes naturally. It contributes to our becoming the best nurses we can by taking opportunities to continue learning. Life long learning contributes to growth as a people in general. I give it a lot of value.

Meaning Unit:

Having a presence and climate of openness, mutual teaching and learning. It is her characteristic nature to pursue excellence in practice for her development by engaging in learning. It is a desirable trait.

P3: Keeping your eyes and ears open. Now I fit with the rest of the environment (academic). If I wasn't doing something educational I feel a bit out of place.

Meaning Unit:

To have a heightened sense of awareness in practice while learning. To be acknowledged by colleagues academically/intellectually.

P4: It is what is required of us as nurses to achieve. The experiences that we have in and outside of our work environment and our education programs; experiences, responsibilities, skills. It's a journey one takes and hopefully accesses whatever is required to develop tools or techniques or mechanisms to handle what's required in life. I think there a pact on my nursing practice. I see it as a very positive, uplifting process to take.

Meaning Unit:

Life long learning is an obligation and pilgrimage

P5: It means having a goal in life. Moving towards something.

Meaning Unit:

Achievements that are set and met.

P6: I find myself much keener, more interested, wanting to pay attention a little bit more. Being away (from the hospital/school) you lose your self confidence.

Meaning Unit:

Need to maintain the engagement to keep up discerning, attentive and self assurance in practice.

Question 4

What patterns of Life long learning characterize your nursing practice?

P1: Generally I go ahead and learn something. I try to do a work related course every two years. I seem to just continually signing up to do things. It's a mode to keep my interest alive. I think the things that I wind up doing support my need to be excited, I think, by the work. I need to be in an environment where its exciting and challenging. I have no formal plan. No formal path except to know that I will be on some path with regard to education. When I'm seventy I'll still be doing something, that applies to the life end, rather than work.

Meaning Unit:

There is a pattern of conscious choice to engage in learning and to, at regular intervals, make it applicable to the current nursing practice. Need for intellectual stimulation on an ongoing basis as it satisfies an existence need of arousal/excitement. There is freedom to choose and freedom to pursue life and work interests on a long term basis.

P2: I like group learning a lot. It's an opportunity to network with other nurses. An opportunity to get updated knowledge. The books change, and the knowledge in the books change. Very independent.. to be in a group setting or classroom setting. I find I still need and want that.. I'm intense in whatever I choose to do. I like to do it fully, so I tend to wait and plan. The other pattern I have is, to get involved whatever volunteer nursing group there is to help the cause of nursing or the trends that nursing takes as a society.

Meaning Unit:

There is a pattern of learning with colleagues that is enjoyable due to contemporary dialogue and provides satisfaction in advancing the practice of nurses and nursing. The formal education is an important need that takes full concentration and immersion therefore more consideration.

P3: Meaning Unit:

*Unable to answer

P4: I'd say there was a pattern that I didn't necessarily lay out but looking back there's a pattern. A pattern of initial testing the waters, getting into nursing education in a way I could manage it, achieve it, and begin to move forward. I continue using, applying, developing a framework. Knowing what I needed, what I needed to do.

Meaning Unit:

Not aware of a pattern until she began to think of her pattern as taking action, getting out of the education what she desired thus making the next move understandable/conceivable.

P5: It's getting the basics in nursing college, getting hands on experience, wanting to explore. The next step was to go to university. I learned through engaging want I like, what I hope to

learn that couldn't be provided. When I'm engaged in something, I find what I want to learn, kinda get in there and then I find out what I like and then I could go on from there.

Meaning Unit:

The pattern emerged as an experiential educational desire for exploration then developed into more identified and specific learning achievement. A pattern of engaging, exploring, attaining a level and moving up/on.

P6: A lot of it has to do with certain personal issues at home. There are time, money, positions. I've stopped and started work and I sort of stopped and started with school as well. You learn as you go along or ask people.

Meaning Unit:

The engagement with learning pattern is controlled at times by external factors for formal education. The external factors both limit and facilitate this engagement. Others continually facilitate the informal learning.

Question 5

What facilitates or hinders your engagement with life long learning?

P1: Time, having time in your life to do it. Time from work. Personal circumstances. Tuition reimbursement. An expectation that you must do it (because of the attached feeling that what you do isn't good enough now). No recognition. Financial encouragement. Professional responsibility. Supporting each other.

Meaning Unit:

There are tangible and intangible supports that require negotiation, supports of others and a sense of duty.

P2: The Nursing leadership. Encouraged and given time, shown the importance of life long learning. An appreciation that life long learning is valued. Shortage of nursing staff. When you're discouraged. Time, financial assistance.

Meaning Unit:

A culture and directive of value for life long learning from nursing leaders and staff. There are tangible supports required to overcome the hindrances.

P3: Facilitate: Visual learning, The theory; you can learn from a textbook. Never be able to react until you've had the physical experience. Learn from tangible experiences where I can reflect back on my actual practice. No Hindrances.

Meaning Unit:

Observation, experiential learning and time for reflection facilitates life long learning,

P4: Being able to structure my work related to class time. Having time off. Leave of absence, family responsibilities and community responsibilities. Trying to “fit in my learning”. Having required blocks of time. Engineering your schedule balancing work and university.

Meaning Unit:

Having control over time to enable dedication and achieving the learning.

P5: Have to work to go to school (at the same time as) working is important. Update skills, learn everyday not realizing it at the time but upon reflection. Financial reasons. I don’t think there are any blocks in my life.

Meaning Unit:

A willful choice involving a financial and learning commitment and reality.

P6: The time to learn. Maturity, I’m older, keener, I appreciate, and take advantage (of learning). Dependancy on others, lack of time, busy, cutbacks of staff, work overload.

Meaning Unit:

Adulthood has created a greater gratification to learning. In the current economic state of hospitals, learning requires negotiated time as having to work in the current environment occupies and controls the amount of learning time.

Question 6

Anything else you would like to mention about your engagement with life long learning?

P1: See learning as valuable. To learn about others, yourself, your responses, and assisting to change the response. No learning as useless, you have to try something. Trying is what matters. Quite a feat to be fearless enough to take on life long learning. People do not engage or pursue higher learning because of fear they allow to inhibit their ability to try.

I accept responsibility for my practice. I’m committed to doing the best possible job that I can. I can’t without embracing life long learning. It’s an attitude, a total thought process, a way of being. The mind is just fertile. It keeps your mind fertile and willing to learn and keeps your practice clean and healthy. Important to keep an open mind. Life long learning can make you a good role model for other people,— an inspiration. Enhances professional respect for nursing. Increases collegiality between disciplinary team members. Nursing has accountability. Nursing has to work hard at that. If we pursue lifelong learning and are actively involved in life long learning, we are accountable and give nursing a good face.

I never really thought about what it means or what it is (LLL)

Meaning Unit:

The engagement in learning is life changing for self and can impact others and the profession of nursing. It requires courage that not all people may have as they may be fearful. Those that engage do so, to think in a changing and open manner so when they dialogue with others they are able to present their view and themselves in an intellectually engaging manner. A requirement.

P2: Life long learning is crucial in any profession. It contributes to our becoming the best nurses we can. To be an effective Health Care Professional, you can't continue without continuing to learn. We need to continue to start reflecting a lot more than we ever have. This is a positive trend.

The provision of opportunities, has incentives to obtain more degrees, giving a higher degree of nursing. Encouragement, time, and facilitation is greater now. Need to push nurses to continue and go on and to tell them it is important to do that. It does not go without a lot of pressure as well. The nursing profession is over 90% are female, and over half are mothers, so there's a lot to juggle, but they seem to be doing it somehow and that's commendable.

Meaning Unit:

Formal education and reflection advances nursing practice in a positive manner. Trends are facilitating but also women are making choices and commitments to engage in formal education.

P3: Experience counts for a lot.

Meaning Unit:

Learning in practice

P4: I see it as very positive and an uplifting process to take. I work with people who see it in the same light. To know that people are supportive of what I'm doing (research), people wanting to know what you're doing, and how you're doing it, and helping you get to the end result.

Meaning Unit:

Fulfilling to engage in life long learning for the self and the recognition of support of others.

P5: I'd like to get to a point where I achieve my goals but is there a limit to nursing itself?

Meaning Unit:

Attaining of goals is a desire however she wonders is there a finite knowledge base?

P6: Enjoyment, a sense of accomplishment. I hope to continue as long as I can.

Meaning Unit:

A sense of mastery and conquest.